



Division of Substance Abuse and Mental Health

Public Mental Health

Services, Client Statistics, Outcomes, and Satisfaction Data for
Use in Continuous Quality Improvement

Fiscal Years 2001 and 2002



State of Utah

**Department of
Human Services**

**Division of
Substance Abuse
and Mental Health**

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Chapter 1

Introduction

Report Purpose and Approach

The *purpose* of this report is to provide data to support decision-making by public mental health stakeholders. Many of these stakeholders are interested in the domains of outcomes, accessibility, quality/ appropriateness, consumer satisfaction, and overall service expenditures. *Uses* vary by stakeholder but may include oversight and monitoring, accountability, continuous quality improvement, policy-making, planning, and administration.

This report is unique in that it compares data for FY 2001 and FY 2002 and in some cases data for FY 1999 and FY 2000. These yearly comparisons help to identify data variability and stability over time. The *analysis approach* used here is to compare community mental health centers (CMHCs), regions (Wasatch and Non-Wasatch Front) and rated severity populations (Severely and Persistently Mentally Ill- SPMI and Seriously and Emotionally Disturbed- SED). A limitation of this approach is that no matter how high or favorable a result may be, some programs or populations will be lower than the State average, thus unintentionally implying qualitative differences. However, differences may not be statistically significant, and even if they were, below-average programs in Utah may be higher (or lower) than average programs in other states. In spite of this limitation, the practice of making comparisons is fruitful and provides a point of reference for *discussing changes or possible improvements* in service delivery and utilization, treatment outcomes, consumer satisfaction, and perhaps even modifications in targeted service populations.

System Overview

Administration

The Utah Division of Mental Health, which was operational for the period covered in this report, was authorized under State Statute UCA 62-12. Part 1. As the mental health authority for the state, it was charged with mental health oversight and administration. As part of the Department of Human Services, it was under the policy direction of the State Board of Mental Health. In the fall of 2002, the mental health and substance abuse divisions and boards were consolidated. All State boards are comprised of governor-appointed and senate approved members.

Local Mental Health Authorities

Under Utah State Statute UCA-17A-3-602, local mental health authorities are given the responsibility to provide mental health services to their residents. A local mental health authority is generally the governing body of a county. There are 29 counties in Utah, but there were 12 local authorities for the period covered in this report. Most counties have joined with one or more other counties to become a local authority to provide mental health services for their residents. By legislative intent no community mental health center is operated by the State.

Local authorities contract with community mental health centers, which are the service providers of the system. Two of the 12 local authorities, Summit and Tooele, have elected to subcontract with Valley Mental Health to provide services. Local authorities not only receive state and federal funds to provide comprehensive mental health services, they are also required by law to provide a 20 percent match of state funds received.

For reporting purposes, the 10 licensed community mental health centers (CMHCs) that will be described in this report are Bear River (BR), Weber (WB), Davis (DV), Valley (VL), Wasatch (WS), Central Utah (CU), Southwest (SW), Northeastern (NE), Four Corners (FC), and San Juan (SJ).

Priority Service Populations

Programs provide direct services to the following *populations* on the basis of immediacy of need and severity of mental illness as follows:

- a) Effective and responsive crisis intervention, assessment, direct care, and/or referral program available to *all citizens* [in emotional crisis];
- b) Least restrictive and most appropriate treatment settings for (1) *severely mentally ill* children, youth, and adults, and (2) *acutely mentally ill* children, youth and adults;
- c) Services to *emotionally disabled children, youth and aged* citizens who are neither acutely nor severely mentally ill, but whose adjustment is critical for their future as well as for society in general; [and]
- d) Services to *emotionally disabled adults* who are neither acutely nor severely mentally ill, but whose adjustment is critical to their personal quality of life as well as for society in general.

In addition to the four direct service populations above, the fifth identified priority is:

- e) Consultation, education and preventive mental health services to help *high-risk* groups and persons.

The local authority is also required to provide mental health services to residents who are indigent and who meet state criteria for serious and persistent illness or severe emotional disturbance, including institution of involuntary commitment proceedings with the district court, supervision and treatment of mentally ill persons who have been committed into custody (whether they reside at the state hospital or not), and release of patients to less restrictive treatment.

Required Minimum Local Services

System partners in the UPMHS have determined that services should be delivered in the least-restrictive setting whenever possible, and that a broad continuum of well-integrated services is necessary to support community-based care. Utah Law mandates that each local authority shall review and evaluate mental health needs and services and annually prepare and submit to the division a plan for mental health funding and service delivery. The plan shall include, but is not limited to, the following nine services: *inpatient* (hospital), *residential*, *day treatment/psychosocial rehabilitation*, *outpatient*, *24-hour crisis*, *psychiatric medication management*, *community support* (housing, family support, respite), *case management*, and *consultation/education*. Although all centers are required to provide or arrange for these mandated services, the unique nature and circumstances of the diverse Utah communities demand some variations in services offered.

Utah State Hospital

The State Hospital, authorized under State Statute UCA 621-12-209, is a 24- hour, 324-bed inpatient psychiatric facility located in Provo, Utah. The hospital provides active psychiatric treatment for patients who are experiencing severe and persistent mental illness. The Hospital serves all age groups and covers all geographic areas of the state. The Hospital is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and certified for Medicare/Medicaid reimbursement by the Federal Health Care Financing Administration. The State Division of Mental Health has had direct responsibility for the supervision of the State Hospital.

As part of the state mental health system continuum of care, the Hospital works with the 10 community mental health centers to provide services for patients who need intensive, intermediate inpatient care. Most of the patients are civilly committed to the local mental health authority from which the patient resides and that authority determines the best treatment placement for the patient.

(i.e., State Hospital, community setting, etc.). In accordance with State Statute UCA 62-12-209.5 and 621A-12.209, all adult and pediatric civil beds are allocated to the local mental health authorities. The State Board of Mental Health established the formula used for allocation. The local mental health centers monitor State Hospital treatment and provide follow-up care in the community.

The Utah State Hospital also provides evaluation and treatment services to court-ordered defendants who are or may be mentally ill. Forensic patients are committed to the Department of Human Services and/or the State Hospital according to various statutes. Services include:

- Evaluations to determine competency to proceed to trial;
- Evaluations to determine if the person is mentally ill;
- Evaluations for other court-ordered purposes; [and]
- Treatment to those that are adjudicated Guilty and Mentally Ill or Not Guilty by reason of Insanity.

Mental Health Decision Support Philosophy

This report is organized around the concepts in the diagram at the end of the chapter on integrating mental health data and quality improvement. At every juncture, data are intended to support decision making of stakeholders. Most of the concepts in this model are taken from a version of social systems theory that has survived for several decades (Walter Buckley, *Sociology and Modern Systems Theory*, Englewood Cliffs, New Jersey: Prentice-Hall, 1967).

Mental Health Needs

In its most simple terms, systems (e.g., public mental health system) begin with a *need*. Mental health needs are most often measured by prevalence surveys. We have adopted adult estimates for Utah from two large-scale studies conducted by the National Institute of Mental Health and the U.S. Center for Mental Health Services. Based on these two studies (Epidemiological Catchment Area study and the National Co-morbidity Survey), adult estimates of prevalence of serious mental illness is 5.4 percent and severe and persistent mental illness is 2.6 percent (Mental Health: Report of the Surgeon General, DHHS, 1999, p. 46). At the lowest level of functioning (GAF = 50) prevalence of serious emotional disturbance of children and youth between 9 and 17 years of age is estimated to be between 5 and 7 percent in Utah. At a higher level of functioning (GAF = 60) the Utah rate is estimated to be between 9 and 11 percent (Federal Register, Vol. 63, No 137/1998). Adult and child *severity* estimates cannot be compared. However, it has been estimated that about 20 percent of children, adolescents, adults, and older adults have a diagnosable mental illness (Surgeon General Report, pp. 46-48).

Inputs

Organizations define their *inputs*. In mental health these *inputs* are *resources to meet needs*. In dollar terms the resources required include *service programs, facilities, and staff* (e.g., CMHCs and State Hospital). Expenditures for mental health services are shown in Chapter 2.

Outputs

Systems must also define their outputs. In terms of mental health data, these *outputs* begin with a definition of *who is served*. This includes the service priority populations above. It is also essential for program planning purposes to understand in detail the characteristics of populations they

serve (e.g., age, gender, diagnosis, etc). This is described in Chapter 3. The *how many are served* question is addressed in Chapter 2 as *person accessibility*.

In Chapter 2, we also address other outputs, including the type and amount of services received by consumers in the section on *service accessibility*. Once services are delivered, it is essential to measure both service quality and outcomes. The *quality of services received* is assessed in part by the quality assurance team in on-site visits. The team uses sampling procedures to review client records, interview clinicians, and conduct in-home quality of life interviews with consumers. Quality is also measured by consumer satisfaction surveys on perceived accessibility and quality/ appropriateness, as determined by adult and child survey results. These results are discussed in chapters 4 and 5. Finally, the question on *outcomes* is determined for adults and children/youth through time one/time two studies (measured change), performance indicators, and consumer-perceived outcomes. These results are presented in chapters 4, 5 and 6.

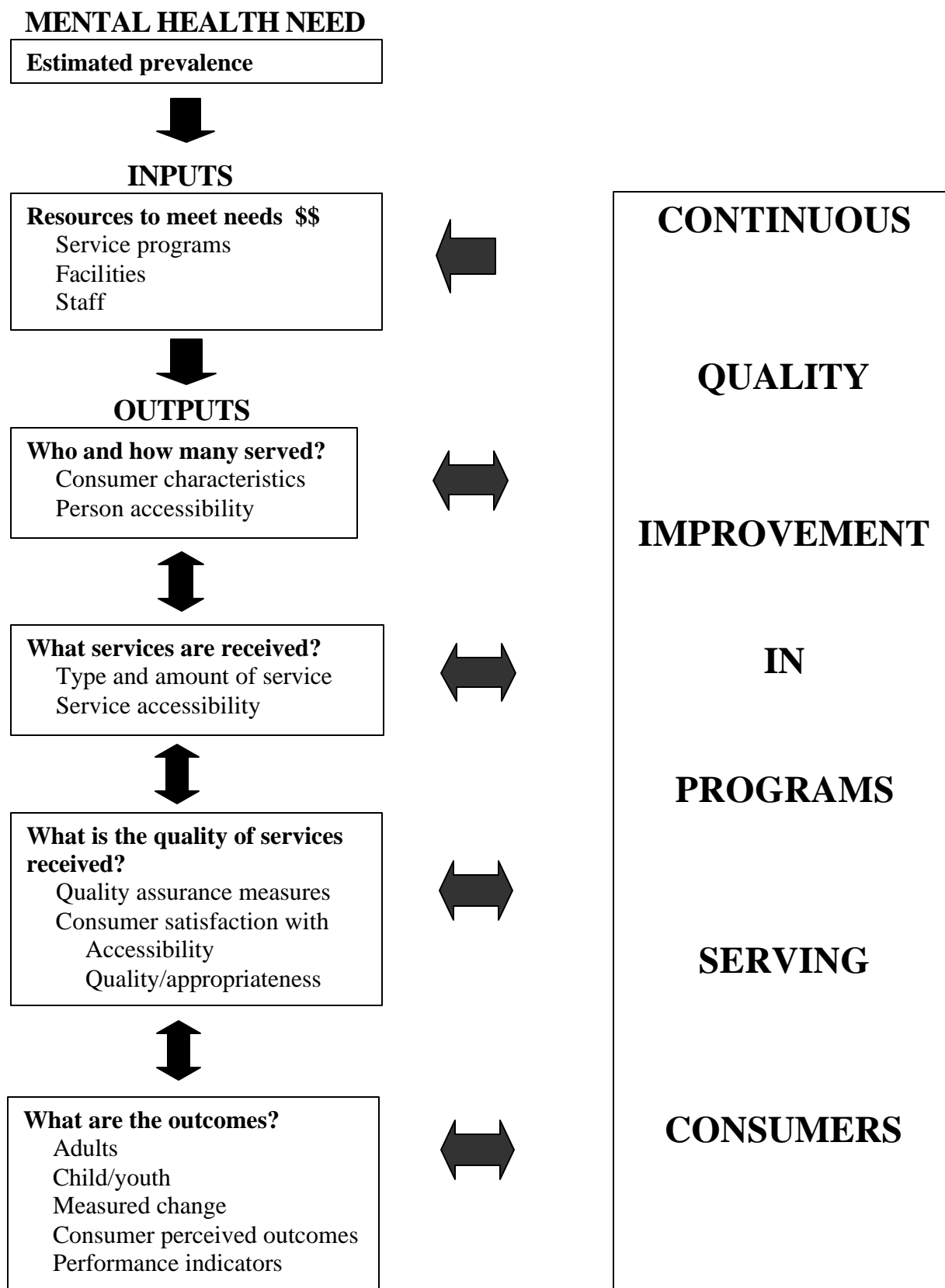
Interactions

The arrows in the diagram indicate that the four different types of output data are linked together. Also shown in the diagram is that data are intended to impact *continuous quality improvement*. Two-way arrows suggest that quantitative data systems may also be adjusted based on qualitative feedback on programs. Finally, the arrow from the large box to resources suggests that inputs on facilities, staff and programs may be adjusted as new information becomes available on how to better serve consumers.

Summary

The purpose of the report is to support stakeholder decision-making. The rationale for making comparisons between CMHCs, regions, and severity populations was presented. A system overview included administration, local mental health authorities, priority service populations, required minimum local services, and a brief description of the State Hospital. The mental health decision support philosophy was presented, including needs, inputs, outputs, and interactions with the goal of continuous quality improvement.

**FIGURE 1. A MODEL FOR INTEGRATING DATA
AND CONTINUOUS QUALITY IMPROVEMENT**



Chapter 2

Services Profile

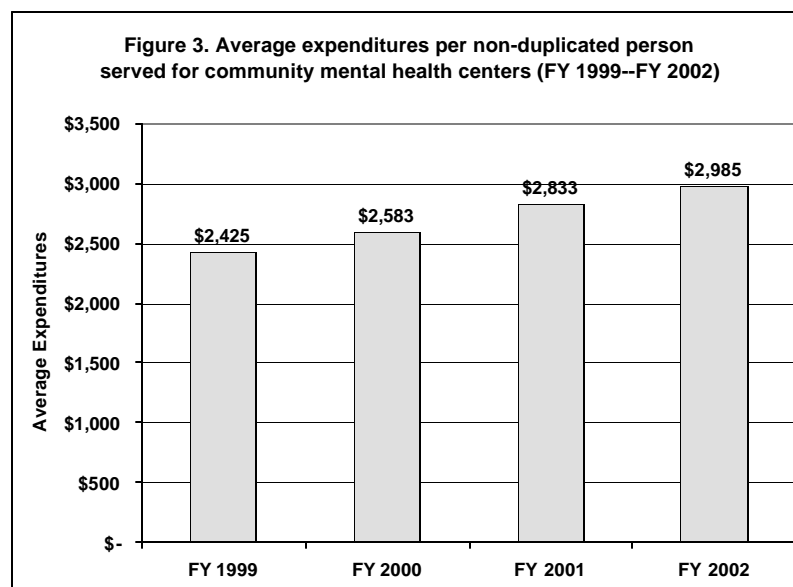
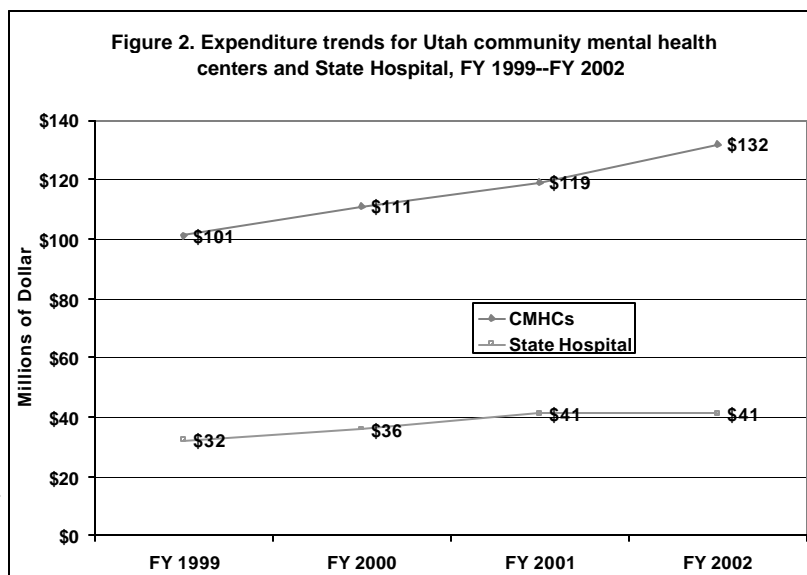
In Chapter 2 the focus is on accessibility and overall service trends for FY 2001 and FY 2002. Different types of accessibility are discussed such as *funding availability*, *person access*, and *service access*. Two-year service trends are presented for the major service types of *clinic*, *day treatment*, *residential support*, *residential treatment*, and *community inpatient*.

Accessibility

Accessibility to mental health services is important for those in need. Funding availability is an indirect method of assessing what dollar resources might be available or accessible to clients. Person access is often referred to as the penetration rate or the number of persons receiving at least one service as a percent of the population in the CMHC geographic or service area. Service access uses past service patterns to predict the availability of future services to clients.

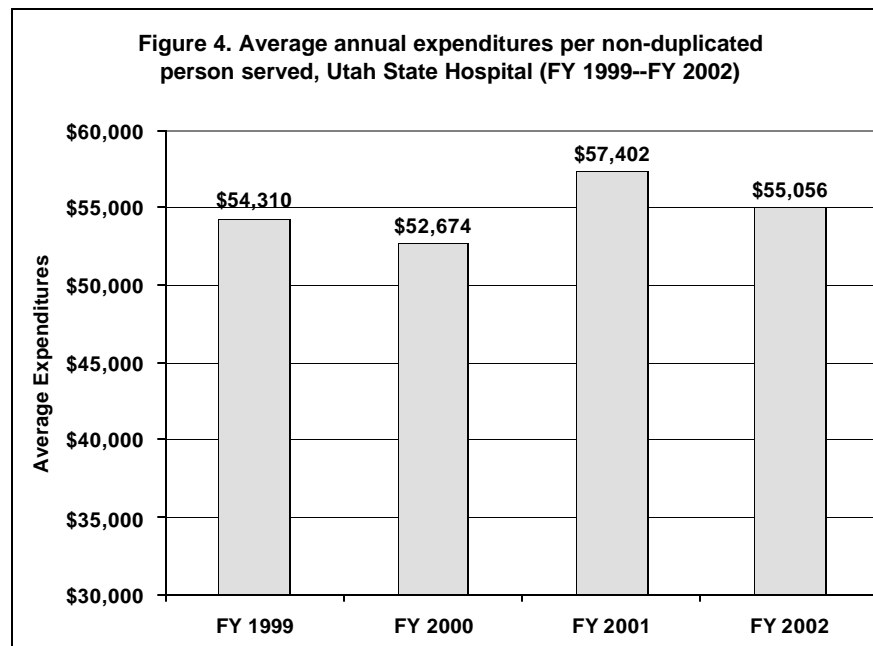
Funding Availability

Total expenditures from all sources of revenue went progressively from \$101 million in FY 1999 to \$132 million in FY 2002 for CMHCs as a whole (see Figure 2). This is an average increase of 10.2% per year. The State Hospital, on the other hand, which was less than one-third (31.7%) of CMHC expenditures in FY 1999, grew from \$32 million to \$41 million. This is an average rate of 9.4% per year. Total expenditures were basically the same for the Hospital in FY 2001 and FY 2002. Expenditure data for the CMHCs and the USH have *not* been adjusted for inflation.



Average expenditures per non-duplicated CMHC client served went from \$2,425 in FY 1999 to \$2,985 in FY 2002 (see Figure 3). This is an average annual increase of 7.7%. The average cost grew very little in FY 2002 because 2,122 more clients were served in FY 2002 than in FY 2001.

At the State Hospital, average annual cost per person was \$54,310 in FY 1999, \$52,674 in FY 2000, \$57,403 in FY 2001, and \$55,056 in FY 2002 (Figure 4). The number served in a given year may vary by client illness severity. The number of persons served at the Hospital was 591 in '99, 684 in '00, 719 in '01, and 747 in '02. The lower expenditure per person in FY 2002 than FY 2001 is due to total expenditures being spread among a larger number of persons served. Figures 3 through 4 underscore the large difference in cost per person in the community versus the Hospital. The annual expenditure per person was about 18 times higher at the State Hospital.



Summarized in Table 1 are four-year trends for each community mental health center (CMHC), Non-Wasatch Front (NWF) and Wasatch Front (WF) regions, and the Utah State Hospital (USH) on the non-duplicated number of persons served, total expenditures and average expenditures per person. Average expenditures per person were consistently higher among WF centers than NWF centers over the four-year period. The calculated *differences* (not shown), ranged from \$929 in FY 1999 to \$1,388 in FY 2002. In general, these progressively higher differences reflect higher amounts and costs of the more intensive services of day treatment, residential support, residential treatment, and inpatient treatment in the WF centers. Average costs in FY 2002 were \$1,986 among NWF centers compared with \$3,374 in WF centers.

While significant average cost differences existed *between* the two regions, there is also much variability between CMHCs. For example, expenditures were much higher at SW than SJ. Bear River has remained somewhat level, SW dipped in FY 2002, CU has consistently had declining average costs, and FC dipped in FY 2000 but increased in FY 2001 and FY 2002. Northeastern had an inconsistent trend but experienced an increased average cost in FY 2002. Although SJ dropped in FY 2000, it had increasing costs in FY 2001 and FY 2002.

There is also variation among WF centers. Valley's expenditures during the four-year period ranged from \$3,445 to \$4,335, while WB's expenditures ranged between \$1,448 and \$2,390 per person. The high cost at DV in FY 2001 is due to a data artifact. Because of changes in its information system, DV was only able to account for 2,264 clients served rather than the much higher numbers noted in previous years and in FY 2002.

Table 1. **(All Clients)** Non-duplicated persons served, total expenditures, and cost per person by CMHC (FY 2002)

¹ Non-duplicated persons served					Total Expenditures				Average expenditures per person			
CMHC	Fiscal Year				Fiscal Year				Fiscal Year			
	1999	2000	2001	2002	1999	2000	2001	2002	1999	2000	2001	2002
² BR	2,272	2,211	2,393	2,714	\$4,153,248	\$4,564,709	\$4,856,300	\$ 5,610,597	\$1,828	\$2,065	\$ 2,029	\$ 2,067
CU	1,377	1,575	1,891	2,283	\$3,200,956	\$3,207,687	\$3,530,400	\$ 3,660,100	\$2,325	\$2,037	\$ 1,867	\$ 1,603
SW	2,806	2,859	2,999	3,303	\$6,231,118	\$7,548,469	\$7,839,400	\$ 7,879,390	\$2,221	\$2,640	\$ 2,614	\$ 2,386
NE	1,696	1,487	1,925	1,241	\$1,262,252	\$2,030,000	\$2,054,500	\$ 2,460,733	\$744	\$1,365	\$ 1,067	\$ 1,983
FC	1,868	1,988	2,087	2,141	\$2,791,398	\$2,732,945	\$3,603,800	\$ 3,979,599	\$1,494	\$1,375	\$ 1,727	\$ 1,859
SJ	632	762	678	713	\$809,004	\$707,711	\$928,900	\$ 1,025,000	\$1,280	\$929	\$ 1,370	\$ 1,438
NWF	10,651	10,882	11,973	12,395	\$18,447,976	\$20,791,521	\$22,813,300	\$ 24,615,419	\$1,732	\$1,911	\$ 1,905	\$ 1,986
WB	6,180	6,295	5,585	5,414	\$8,948,816	\$10,781,730	\$8,903,400	\$ 12,941,467	\$1,448	\$1,713	\$ 1,594	\$ 2,390
DV	4,212	3,552	2,264	4,353	\$7,010,190	\$7,764,296	\$7,911,300	\$ 8,289,044	\$1,664	\$2,186	\$ 3,494	\$ 1,904
VL	16,156	16,533	16,914	16,252	\$55,651,563	\$57,860,419	\$65,043,700	\$ 70,457,965	\$3,445	\$3,500	\$ 3,846	\$ 4,335
WS	4,756	5,522	5,386	5,830	\$11,688,070	\$13,330,626	\$14,644,600	\$ 15,762,029	\$2,458	\$2,414	\$ 2,719	\$ 2,704
WF	31,304	31,902	30,149	31,849	\$83,298,639	\$89,737,071	\$96,503,000	\$107,450,505	\$2,661	\$2,813	\$ 3,201	\$ 3,374
Total	41,955	42,784	42,122	44,244	\$101,746,616	\$110,528,592	\$119,316,300	\$132,065,924	\$2,425	\$2,583	\$ 2,833	\$ 2,985
USH	591	684	719	747	\$32,097,061	\$36,029,017	\$41,272,327	\$ 41,126,900	\$54,310	\$ 52,674	\$57,402	\$55,056

¹Unduplicated counts are within, not between CMHCs. Some consumers may have transferred within the year and received service from more than one CMHC.

² Code: CMHC=Community Mental Health Center, BR=Bear River, CU=Central Utah, SW=Southwest, NE=Northeastern, FC=Four Corners, SJ=San Juan, NWF=Non-Wasatch Front, WB=Weber, DV=Davis, VL=Valley, WS=Wasatch, WF=Wasatch Front, USH=Utah State Hospital

Person Access

Detailed data for the four-year period are shown in Table 2. Person access (i.e., percent of census population served) was higher for fiscal years 1999-2002 in Non-Wasatch Front (NWF) areas than in Wasatch Front (WF) areas. The difference was more pronounced (about one percentage point) in the last two years shown. One percent may seem like a small difference, but in FY 2002 it would mean 213 *fewer* persons served in NWF areas if the WF percentage were used (1.72%) and 879 additional persons served in WF areas if the NWF percent of 2.76 were applied to WF centers.

Substantial variation existed among NWF centers, ranging from almost two percent (2%) to over five percent (5%). Four of the six centers (FC, CU, SW, BR) showed somewhat consistent increases over the four-year period, while two centers that had high rates (SJ and NE) did not exhibit consistent trends. Among WF centers, WB had the highest rates although it mostly declined over the four-year period. Valley and WS have leveled off and DV increased from 2001 to 2002 after having three years of declining rates.

Service Access

The third type of accessibility is *service* access. *Person* access was generally much higher in NWF Centers (see Table 2). However, the overall pattern is just the reverse for service access. The WF accounts for 72 percent of persons in treatment. Yet, it provides a slightly larger proportion of clinic hours (74%), but much larger proportions of the remaining major services: day treatment hours (87%), residential support days (92%), residential treatment days (90%), and inpatient days (83%) (see Figure 5).

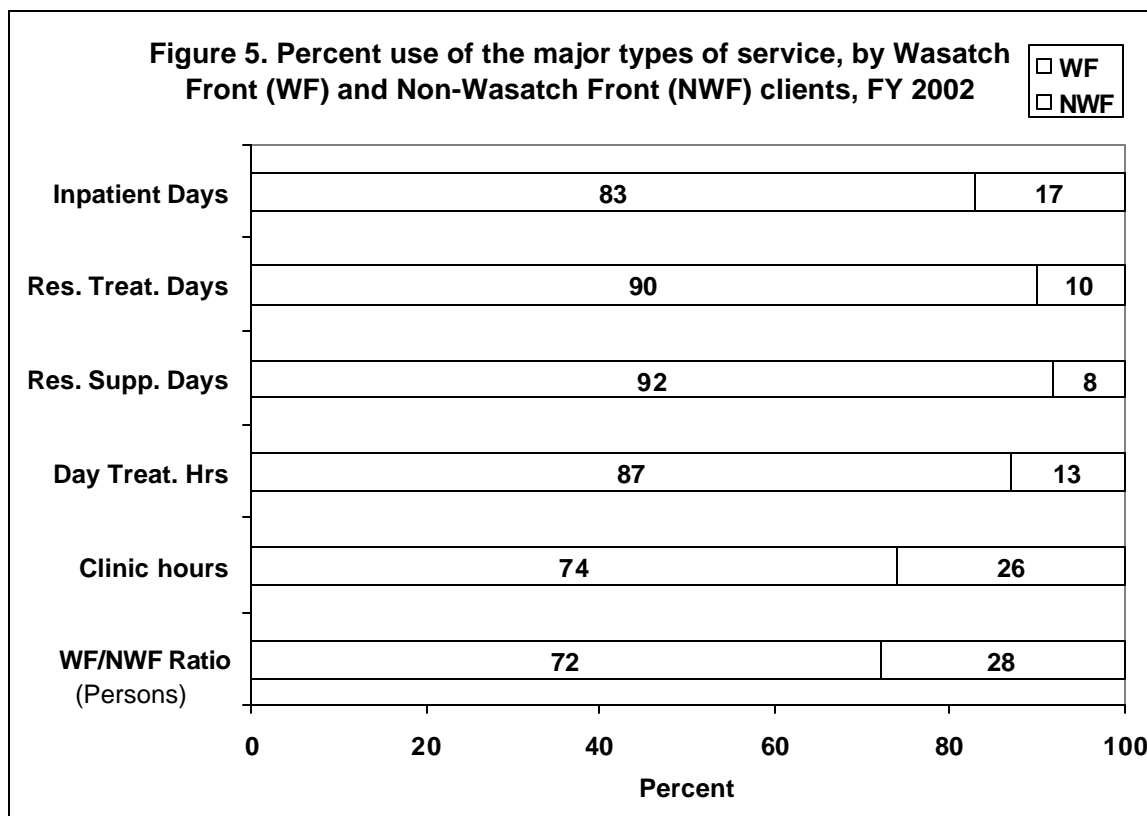


Table 2. Overall penetration rates for all clients by center and by Fiscal Year FY 1999--FY 2002

CMHC	¹ Non-duplicated persons served				Utah Census Population				² Percent of Population Served			
	Fiscal Year				At Beginning of Fiscal Year				Fiscal Year			
	1999	2000	2001	2002	1999	2000	2001	2002	1999	2000	2001	2002
BR	2,272	2,211	2,393	2,714	131,722	134,251	136,712	138,600	1.72	1.65	1.75	1.96
CU	1,377	1,575	1,891	2,283	64,676	65,250	66,506	67,208	2.13	2.41	2.84	3.40
SW	2,806	2,859	2,999	3,303	132,553	137,658	142,006	147,369	2.12	2.08	2.11	2.24
NE	1,696	1,487	1,925	1,241	39,222	40,181	40,627	41,639	4.32	3.70	4.74	2.98
FC	1,868	1,988	2,087	2,141	39,951	39,924	39,715	39,715	4.68	4.98	5.25	5.39
SJ	632	762	678	713	14,779	14,573	14,360	14,063	4.28	5.23	4.72	5.07
NWF	10,651	10,882	11,973	12,395	422,903	431,837	439,926	448,594	2.52	2.52	2.72	2.76
WB	6,180	6,295	5,585	5,414	196,442	200,481	204,722	207,864	3.15	3.14	2.73	2.60
DV	4,212	3,552	2,264	4,353	229,450	235,364	240,204	244,845	1.84	1.51	0.94	1.78
VL	16,156	16,533	16,914	16,252	933,885	952,309	974,374	993,989	1.73	1.74	1.74	1.64
WS	4,756	5,522	5,386	5,830	358,952	373,023	387,327	401,639	1.32	1.48	1.39	1.45
WF	31,304	31,902	30,149	31,849	1,718,729	1,761,177	1,806,627	1,848,337	1.82	1.81	1.67	1.72
Total	41,955	42,784	42,122	44,244	2,141,632	2,193,014	2,246,553	2,296,931	1.96	1.95	1.87	1.93

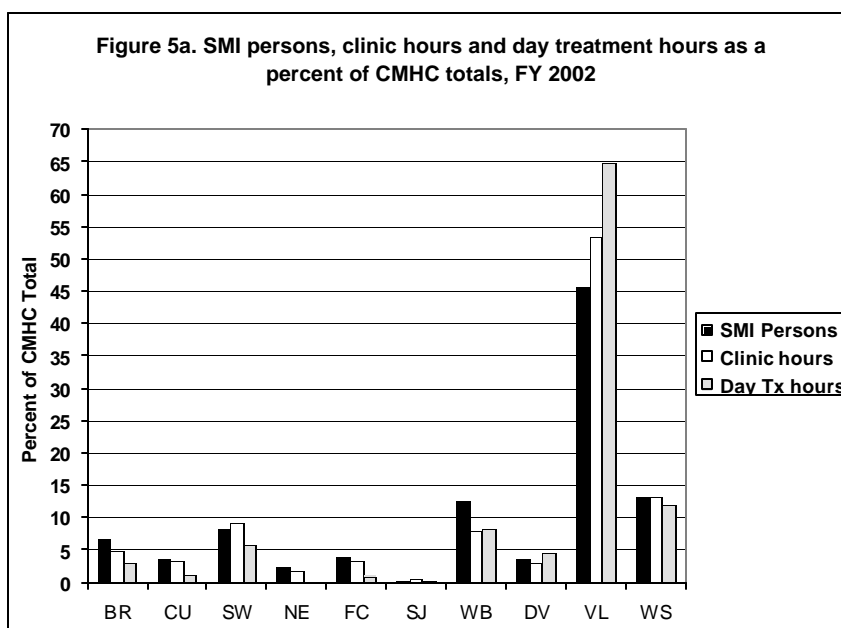
¹Unduplicated counts are within, not between CMHCs. Some consumers may have transferred within the year and received service from more than one CMHC.

²Also known as the penetration rate or person access.

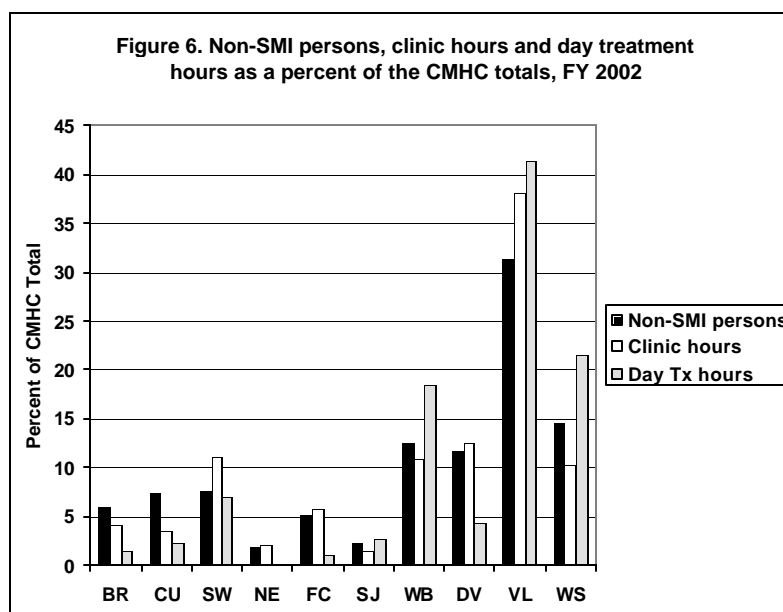
The focus of Figures 5a through 11 is the highest priority population in the public mental health system, the severely mentally ill (SMI). *As defined in this report, SMI includes both adults with severe and persistent mental illness (SPMI) and children with serious emotional disturbance (SED).* The focus of Figures 12 and 13 is the SPMI and SED populations.

Percents for each bar type in Figure 5a sum to 100. The black bar represents *persons served* by each center as a percent of the total for all centers. This is the baseline from which we compare service access. Those bars that represent services that are equal to or higher than the respective person bars (in black) will denote moderate to high access for each service type when compared with other centers.

Clinic percents for the *SMI* population were equivalent to or exceeded the base rates at SW, SJ, and WS, but especially at VL. *Day treatment* percents were higher in only two centers, to some extent at DV, but to a great extent at VL (Figure 5a).

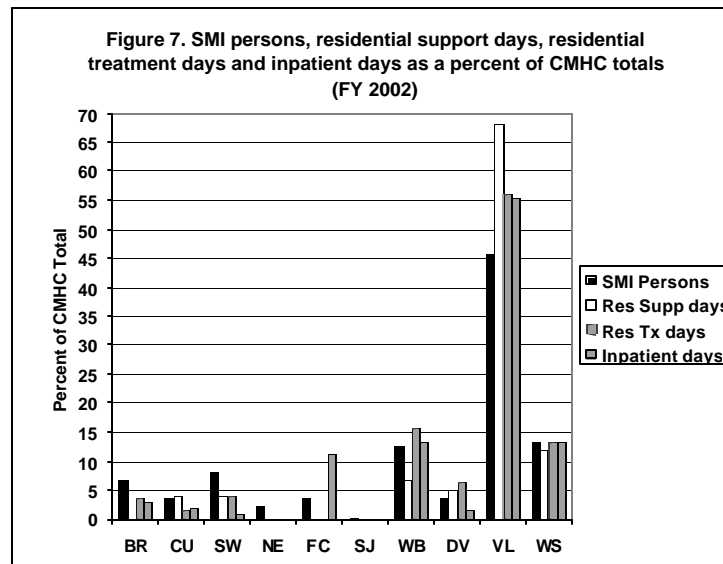


The same information appears in Figure 6 on the *Non-SMI* population. *Non-SMI* persons had moderate to high *clinic* access in five centers (SW, NE, FC, DV, and VL). Access to *day treatment services* was high at SJ, WB, VL, and WS for this population.

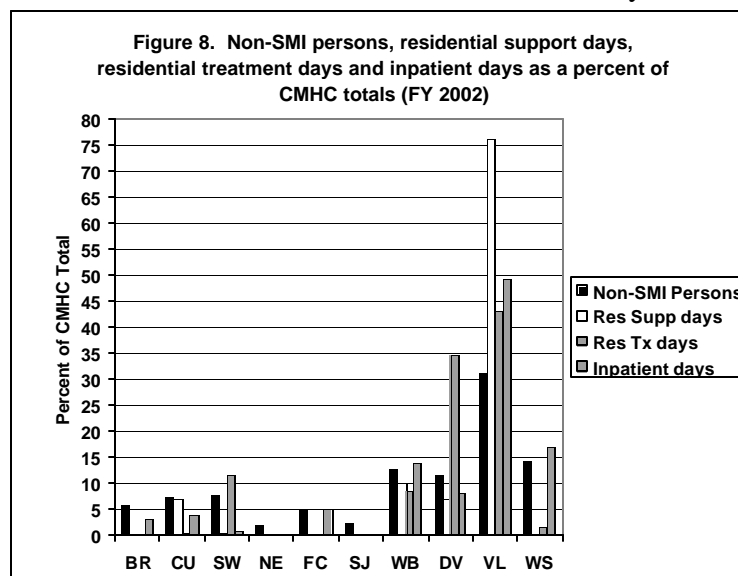


The second cluster of services is *residential support*, *residential treatment*, and community *inpatient* services. Again the black bars represent the comparison percents based on *persons*. Each of these *service* types is shown in bed days. The *SMI* client population is shown first in Figure 7. Valley was once again very high in access. It accounted for the vast majority (68%) of the state's *residential support* bed days. Central Utah also had high access with this service. Southwest, WB, DV, and WS provided some level of residential support.

Also in Figure 7, clients at WB, DV, VL, and WS had high accessibility to *residential treatment* services for the *SMI* client population. Four Corners, WB, DV, VL, and WS provided high accessibility to *inpatient* services. Other centers that provided some inpatient service were BR, CU, WB, and SW.

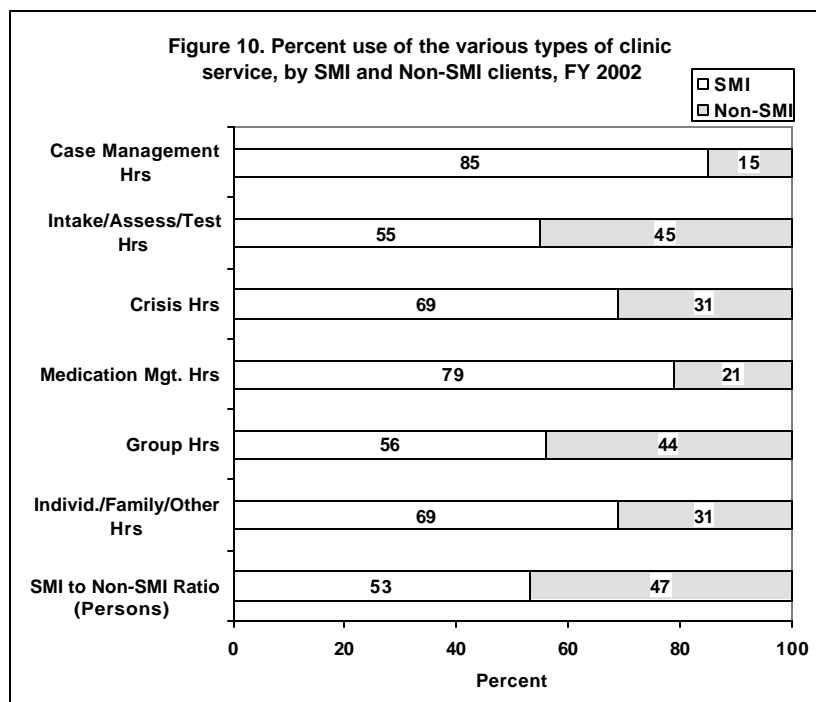
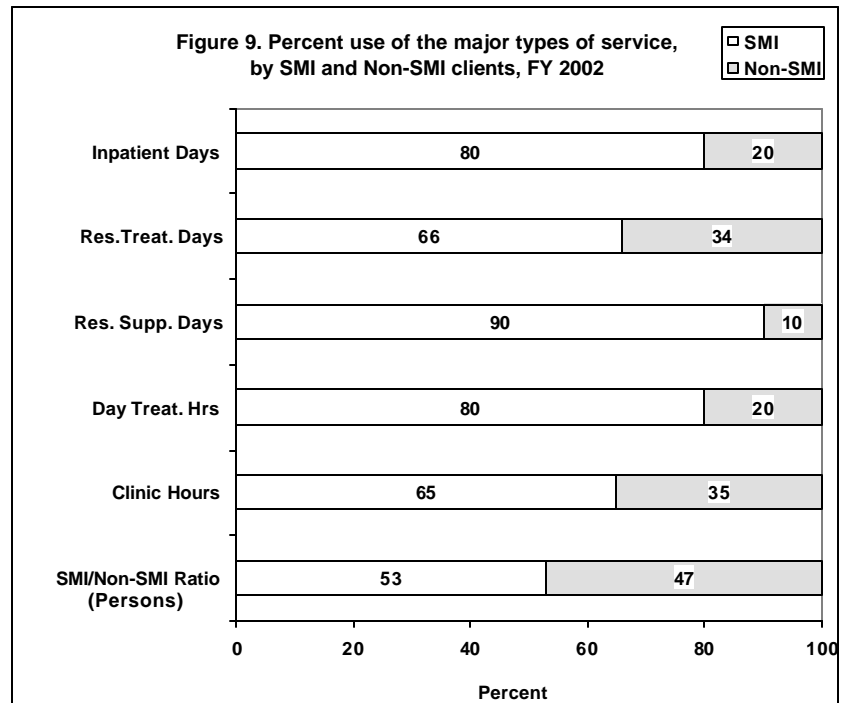


Provision of the high intensity services of residential support, residential treatment, and inpatient to the *Non-SMI* client population is shown in Figure 8. Again, *Residential support* service access was very high at VL. Central Utah also provided relatively high access to residential support. *Residential treatment* was highest at SW, DV and VL. Weber and WS also provided some residential treatment. Centers with moderate to high access to *inpatient* service for the Non-SMI population were FC, WB, VL, and WS. Other centers that provided inpatient service to this population were BR, CU and DV. Centers are also required to serve persons who are acutely ill or in crisis. It is assumed that many of the Non-SMI clients who receive these services are acutely ill or in crisis.



Overall Major Service Access to SMI Clients

As the system's second priority for services (crisis is first), how does the *SMI* (SPMI/SED) population compare with the *Non-SMI* population in services received? This question is addressed in terms of percentages (Figure 9). The first set of bars shows the percent of the client population that is SMI and Non-SMI. Using that as a basis for comparison, it may be noted that while the SMI population constituted a small majority of clients (53%) in FY 2002, it received an even greater proportion of the services. This applied in each major type of service. The *SMI* group received nearly two-thirds (65%) of the *clinic hours*, four-fifths (80%) of the *day treatment hours*, 90 percent of the *residential support days*, two-thirds (66%) of the *residential treatment days*, and four-fifths (80%) of the *inpatient days*. It seems appropriate that persons rated SMI would receive the most service.



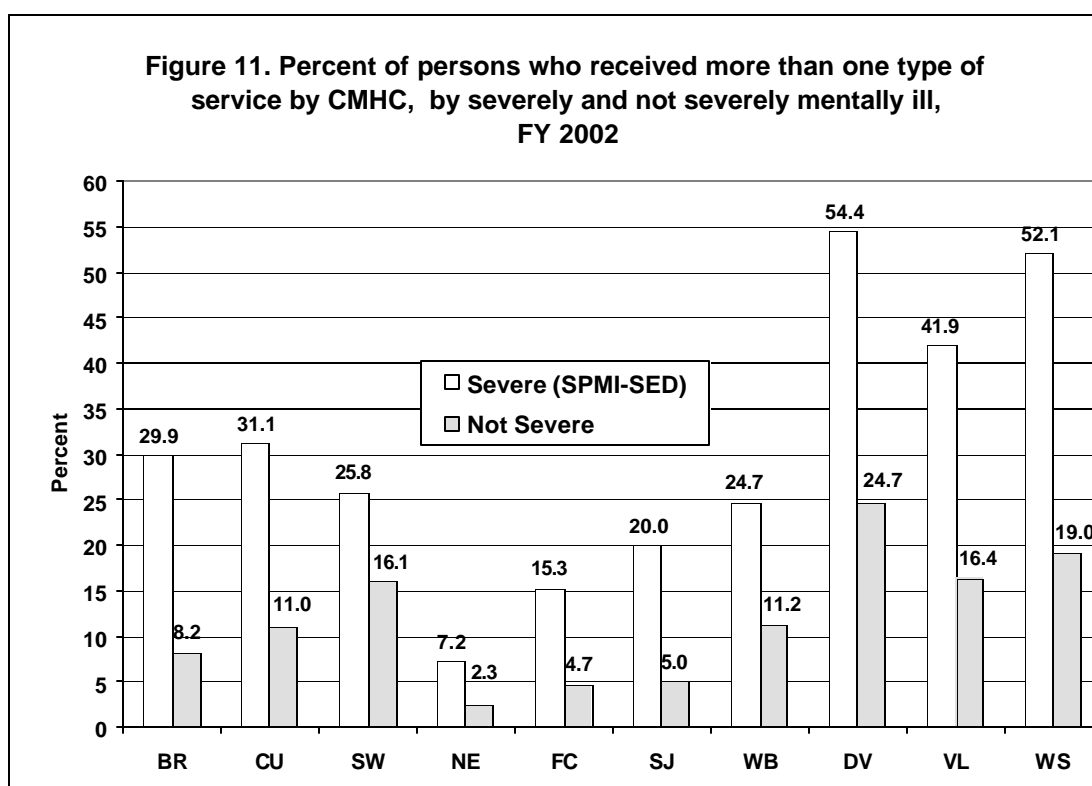
Clinic Access to SMI Clients

The first set of bars in Figure 10, showing the number of persons who are SMI and Non-SMI, provides a basis for comparing clinic services. *SMI* clients also received a disproportionately high percent of clinic services even though there were only slightly more *SMI* than *Non-SMI* clients. This was especially so with hours in *individual and family, group* (69%), *crisis* (69%), *medication management* (79%), and *case management* (85%). As with access to major services, it also seems appropriate that *SMI* clients

would receive the most clinic hours of service. Medication and case management are special needs of this population.

Access to Multiple Services

Person access is defined as having at least one service. Displayed in Figure 11 are results comparing persons rated SMI and Non-SMI that received multiple services. As one might predict, higher percents of SMI persons than Non-SMI persons in all centers received more than one type of service. The specific service received is not shown in Figure 11. That information appears in Table 3. Multiple service percents shown in Figure 11 ranged from a low of 7.2 percent at NE to 54.4 percent at DV for SMI persons and 2.3 percent at NE to 24.7 percent at DV for Non-SMI persons. The number and percent of persons receiving multiple services would be magnified if certain clinic services such as medication management, crisis and case management were considered different types of service, but they are classed as a clinic service in this analysis.



Access by the SMI population to each *type of service* is shown in Table 3 for all CMHCs, NWF and WF regions, and individual centers. Dividing by the number of non-duplicated persons served in column 2, the total CMHC percents receiving each type of service were clinic services (99.4%), day treatment (23.3%), residential support (2.4%), residential treatment (6.4%), and inpatient treatment (5.5%). When summed, these percents are higher than 100 percent (i.e., 137.1). Expressed differently (see last column in Table 3), 37.1 percent of the SMI clients received more than one type of service compared to 15.1 percent of the Non-SMI population (not displayed). Wasatch Front CMHCs had the highest percent receiving multiple services (41.4%) compared to 24.2 percent among NWF centers. Definitions for each service type are shown in the footnotes to Table 3.

Table 3. **(SMI Clients)** Type and amount of service in each individual CMHC (FY 2002) (percents total across rows rather than down columns)

Provider	Persons rated SMI	Services to persons having SMI												
		¹ Clinic Services		² Day Treatment		³ Residential Support		⁴ Residential Treatment		⁵ Inpatient Treatment		<i>Duplicated</i> total of SMI persons receiving services		% of SMI persons receiving multiple services
		No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	
BR	1,493	1,483	99.3	338	22.6	0	0.0	40	2.7	79	5.3	1,940	129.9	29.9
CU	778	774	99.5	172	22.1	28	3.6	12	1.5	34	4.4	1,020	131.1	31.1
SW	1,793	1,788	99.7	389	21.7	28	1.6	18	1.0	32	1.8	2,255	125.8	25.8
NE	527	527	100.0	38	7.2	0	0.0	0	0.0	0	0.0	565	107.2	7.2
FC	834	825	98.9	104	12.5	0	0.0	0	0.0	33	4.0	962	115.3	15.3
SJ	60	60	100.0	12	20.0	0	0.0	0	0.0	0	0.0	72	120.0	20.0
NWF	5,485	5,457	99.5	1,053	19.2	56	1.0	70	1.3	178	3.2	6,814	124.2	24.2
WB	2,741	2,726	99.5	350	12.8	56	2.0	114	4.2	171	6.2	3,417	124.7	24.7
DV	779	779	100.0	249	32.0	28	3.6	114	14.6	33	4.2	1,203	154.4	54.4
VL	10,037	9,977	99.4	2,579	25.7	318	3.2	816	8.1	552	5.5	14,242	141.9	41.9
WS	2,899	2,878	99.3	891	30.7	67	2.3	292	10.1	280	9.7	4,408	152.1	52.1
WF	16,456	16,360	99.4	4,069	24.7	469	2.9	1,336	8.1	1,036	6.3	23,270	141.4	41.4
Centers	21,941	21,817	99.4	5,122	23.3	525	2.4	1,406	6.4	1,214	5.5	30,084	137.1	37.1
USH	^a 742									^a 742	100.0	^a 742	100.0	0.0

^aThis is an unduplicated number for the State Hospital.

¹Clinic services is defined in the footnote to Table 5.

²Day treatment is sometimes referred to as partial hospitalization, psychosocial rehabilitation, or skills development. The program runs at least three hours but less than 24 hours per session and provides more structure than outpatient, but less structure than residential support and residential treatment.

³This program provides 24-hour care and support in an overnight group residential setting. Programs are not required to provide 24-hour awake supervision. Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, housekeeping, and independent living skills.

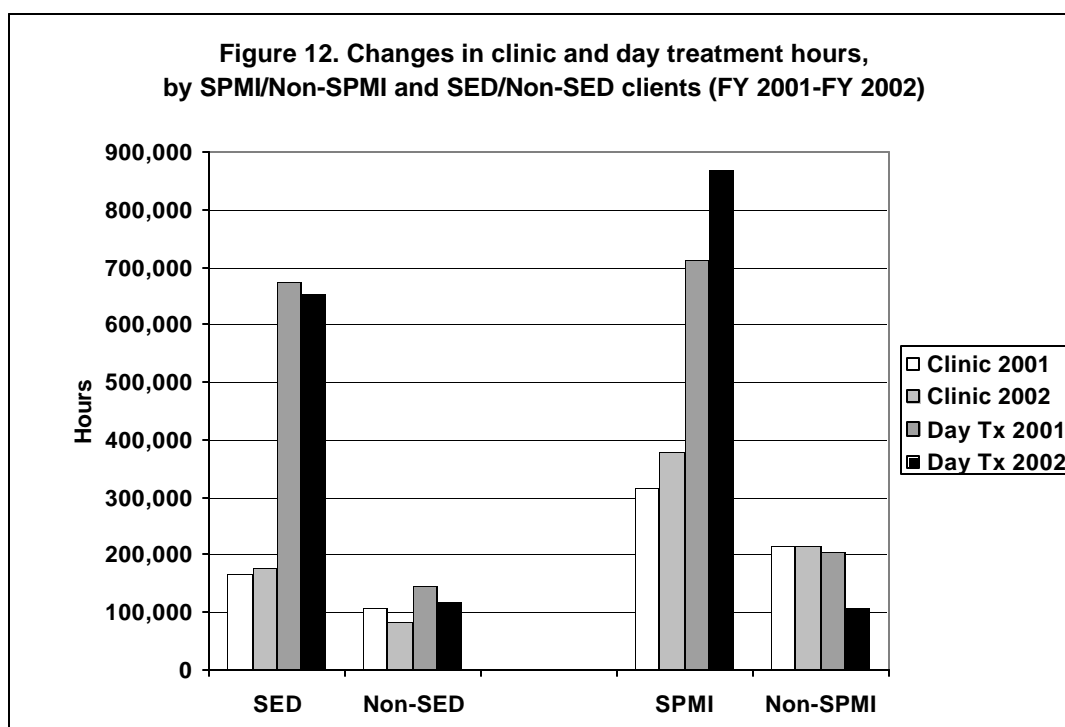
⁴This highly structured program provides 24-hour intensive psychosocial treatment and other supportive mental health services in an overnight group residential setting. The purpose is to prevent inpatient care and to help persons transition from inpatient care.

⁵Community inpatient treatment is delivered in a highly structured licensed hospital that may or may not have a psychiatric unit. The center must bear the clinical responsibility for the patient either directly or by contract. The most structured inpatient service occurs at the State Hospital.

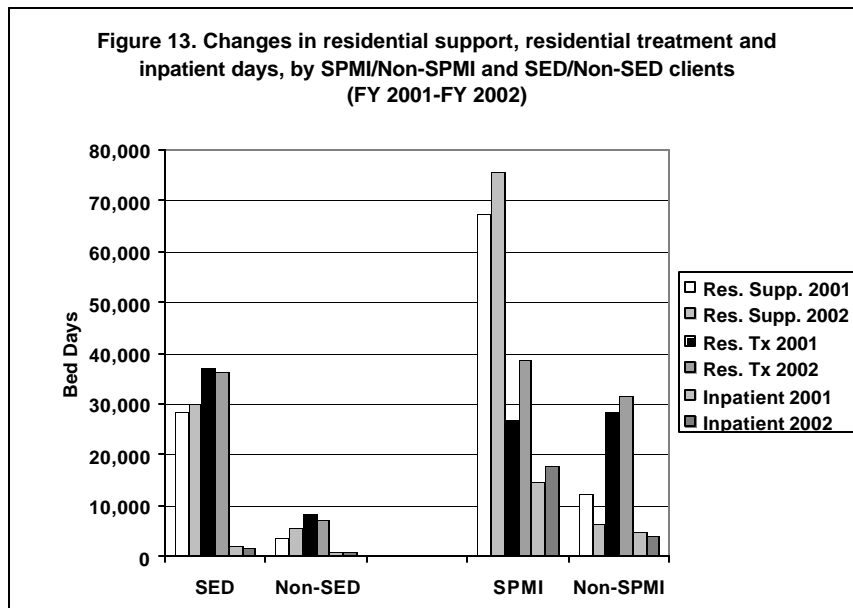
SPMI/Non-SPMI and SED/Non-SED Service Access and Change

The focus in the service access graphs above has been the *SMI* population, which combines persons rated *SPMI* and *SED*. This section breaks out *SPMI* and *SED* populations and examines change in the major services for FY 2001 and FY 2002. Compared in the first two sets of bars in Figure 12 are children on clinic and day treatment service hours. *SED day treatment* hours for both years were more than three times that of *clinic hours*. Clinic hours increased slightly for this population while day treatment hours decreased slightly. Among the *Non-SED* population, *day treatment hours* only slightly exceeded *clinic hours*. However, it may be noted that both clinic and day treatment hours decreased between FY 2001 and FY 2002.

The *SPMI* population presents a different picture. Substantial increases occurred in both *clinic* and *day treatment hours* over the two-year period. A second observation is that the overall amount of day treatment hours for the *SPMI* population is only slightly higher than those for the *SED* population, especially in FY 2001. This relatively small difference is especially significant in light of the fact that the number of *SPMI* persons is about twice that of *SED* persons for each year.



Portrayed in Figure 13 are data for the same populations as Figure 12. However, the focus is on the more intensive bed-day services. Several observations may be made about this graph. There was less change between FY 2001 and FY 2002 among children who were *SED* than adults who were *SPMI*. There were also increases between the two years for *SPMI* adults in each service type. *SPMI* adults used *residential support* at a higher relative proportion than the *SED* population. However, *SED* children used *residential treatment* at about the same level as *SPMI* adults in spite of the fact that there were only half as many *SED* children. It is interesting to note the relative high number of residential treatment bed days used by *Non-SPMI* adults. *Inpatient* services were primarily used by *SPMI* adults, but to some extent by *Non-SPMI* adults. *SED* and *Non-SED* children used relatively few inpatient days.

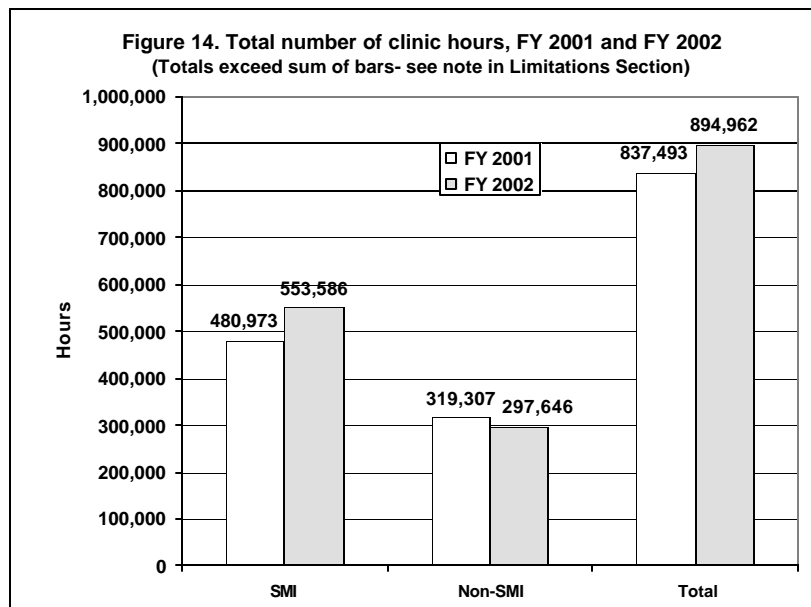


Overall Two-Year Service Trends

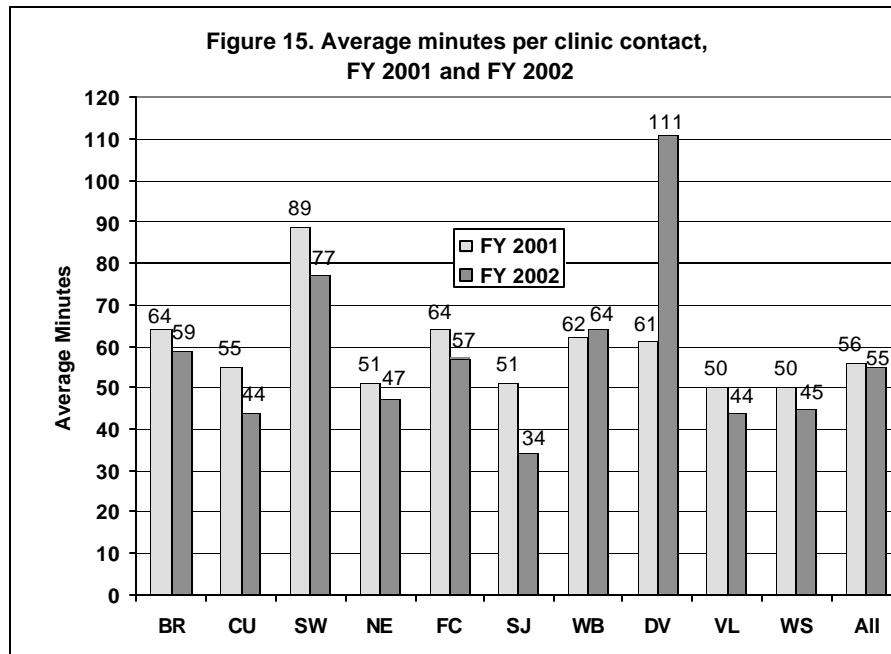
In this section we examine overall service trends between FY 2001 and FY 2002 for the major types of services for the SMI and Non-SMI populations. It should be noted that *SMI and Non-SMI totals do not sum to the total in many of the graphs in this section due to missing data*. CMHCs provided services to about five percent (5.0%) of their clients who did not have a formal admission record. Because of this, it is unknown whether these persons were SMI or Non-SMI, yet the services are shown in the totals.

Clinic Services

Total clinic hours for SMI clients increased for the two-year period from 480,973 to 553,586 (Figure 14). This is an increase of 15.1 percent. Conversely, Non-SMI clients experienced a decrease from 319,307 to 297,646 (-6.8%). Overall, there was an increase of 7.8 percent from FY 2001 to FY 2002 of 894,962.

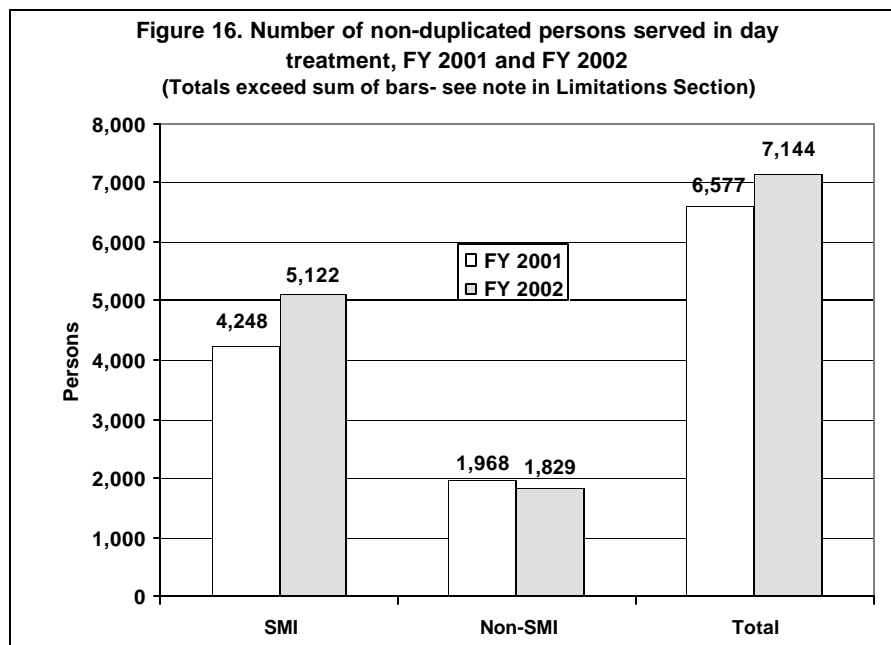


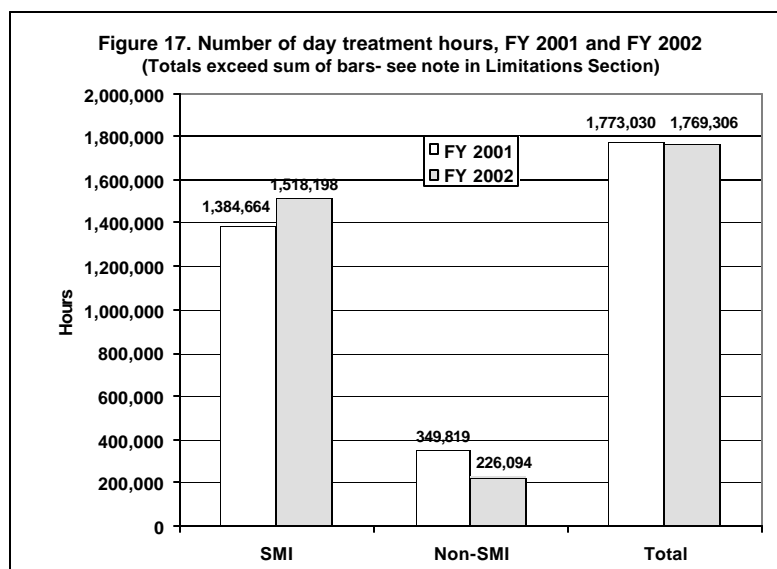
Average minutes per contact for clinic services are shown by year and by CMHC (see Figure 15). Differences between years for individual centers reflect variations in the mix of services delivered. For example, group therapy is typically two hours in length and medication management may be as short as 15 minutes per contact. The largest change occurred at DV where there were substantially more group hours in FY 2002, which resulted in a high average of 111 minutes. Substantial reductions occurred in average minutes at CU, SW and SJ. Overall averages for CMHCs for the two years were just under an hour.



Day Treatment Services

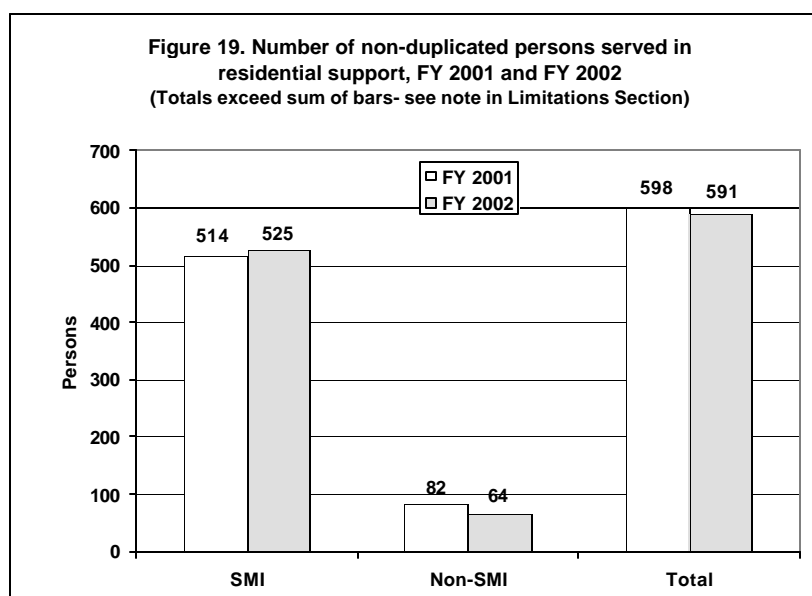
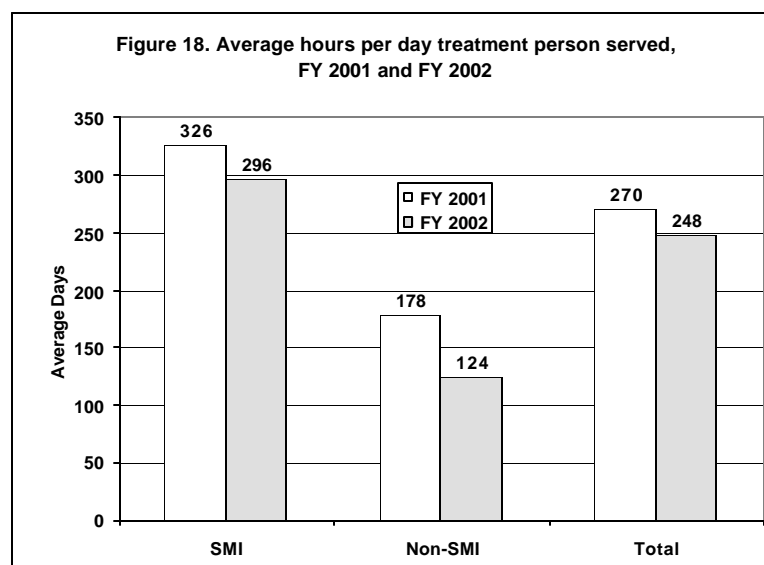
In *day treatment*, the non-duplicated number of persons served increased for *SMI* persons and the total, but decreased for the *Non-SMI* population. Day treatment, as discussed earlier, is a service primarily for the SMI population, although persons experiencing an acute episode of illness or crisis may also receive this service.





Day treatment is a high volume service approaching 1.8 million hours per year (Figure 17). Overall, there was little difference between the two years, although a slight decrease may be noted. However, *day treatment hours* to the *SMI* population increased (9.6%), while day treatment hours to the *Non-SMI* population dropped substantially (-35.4%)

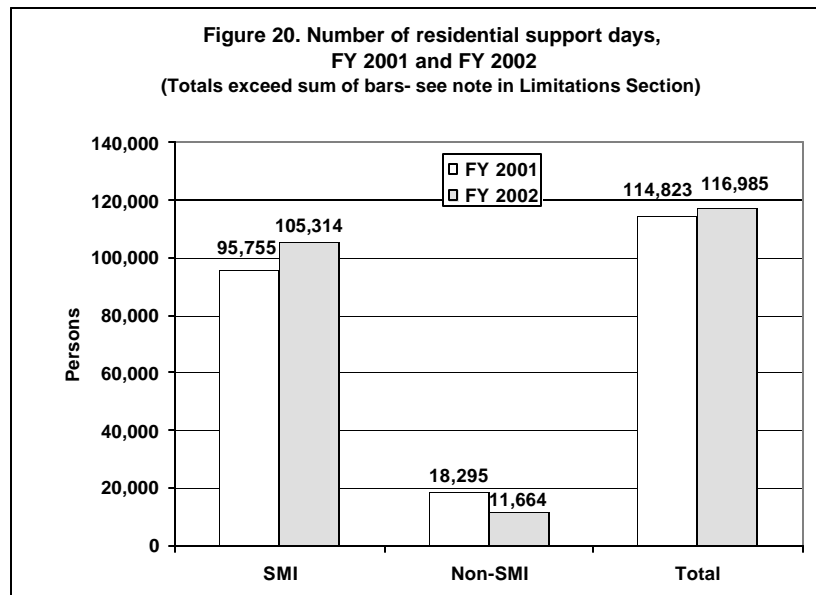
Combining the information in Figures 16 and 17, the *average* number of day treatment hours received by each person is shown (Figure 18). As more persons were served in FY 2002, the number of hours per person decreased for the *SMI*, *Non-SMI* and the *total*.



Residential Support Services

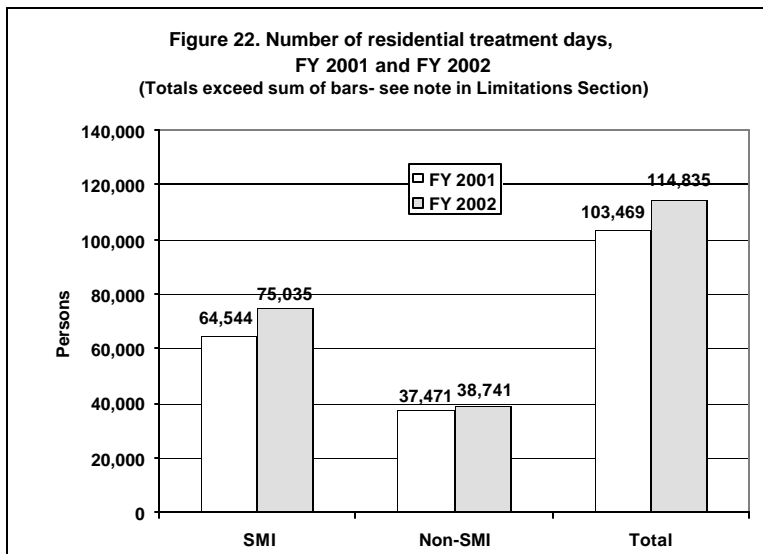
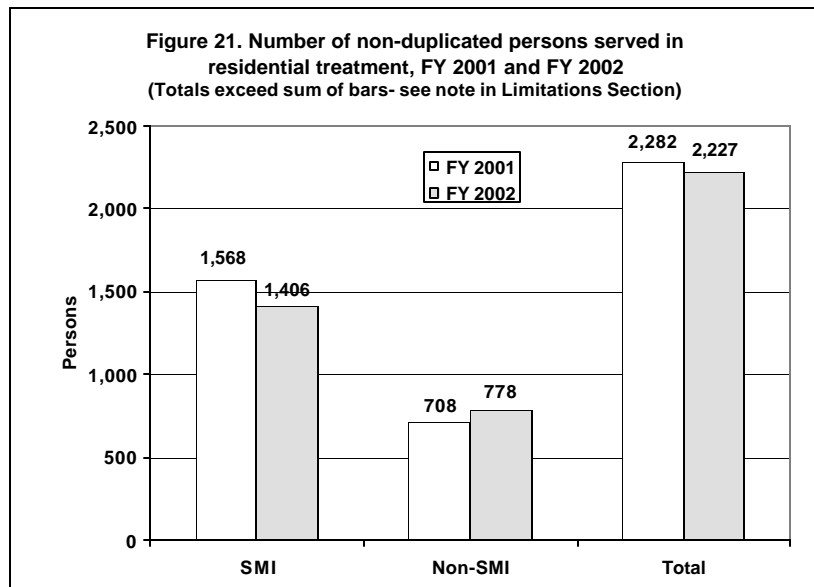
The overall number of persons that received residential support was relatively small (just under 600 persons per year) (Figure 19). Only slight differences were noted between years for the *SMI* and *total* populations. However, the number of persons served by the *Non-SMI* population dropped by 22.0 percent from 82 to 64. Although there was little difference in total bed days for *residential support* between years (see Figure 20), *SMI* days increased

by 10.0 percent and *Non-SMI* days decreased by a over one-third (-36.2%).



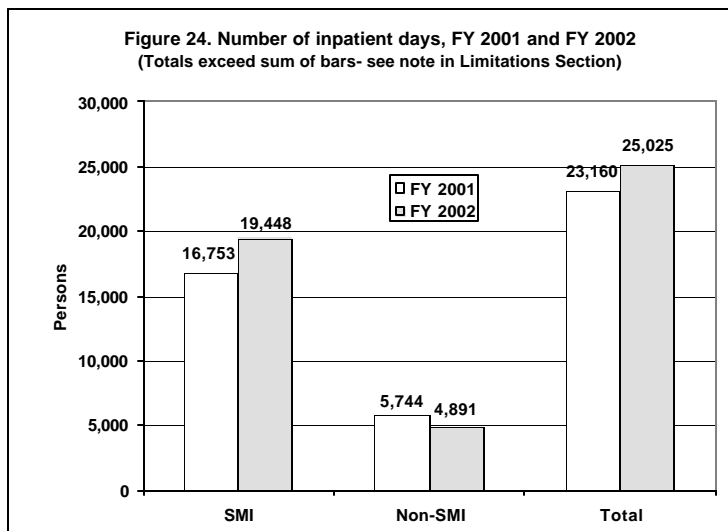
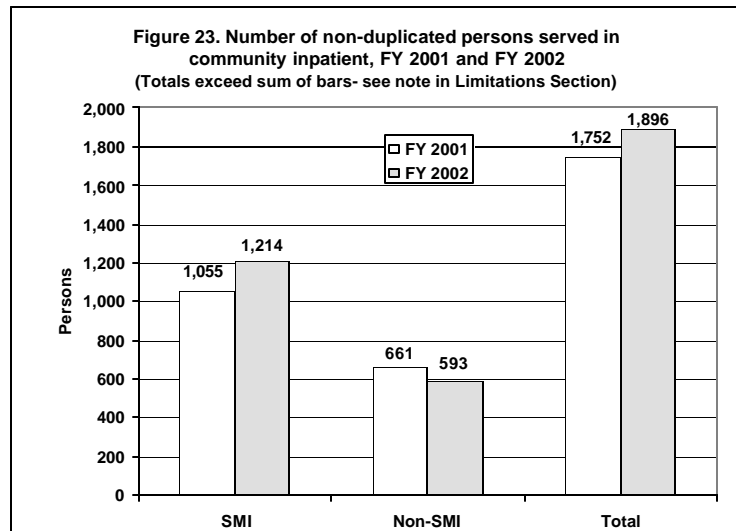
Residential Treatment Services

The *SMI* number of non-duplicated persons served dropped 10.5 percent from the 1,568 observed in FY 2001 and *Non-SMI* persons increased by about the same percent. Overall, there was a slight decrease of less than three percent in number served (Figure 21). Although the number of persons served decreased for the *SMI* population, the number of bed days increased by 16.3 percent to over 75,000 (see Figure 22). The overall *total* increased by 11.0 percent. There was little change with the *Non-SMI* population in total bed days.



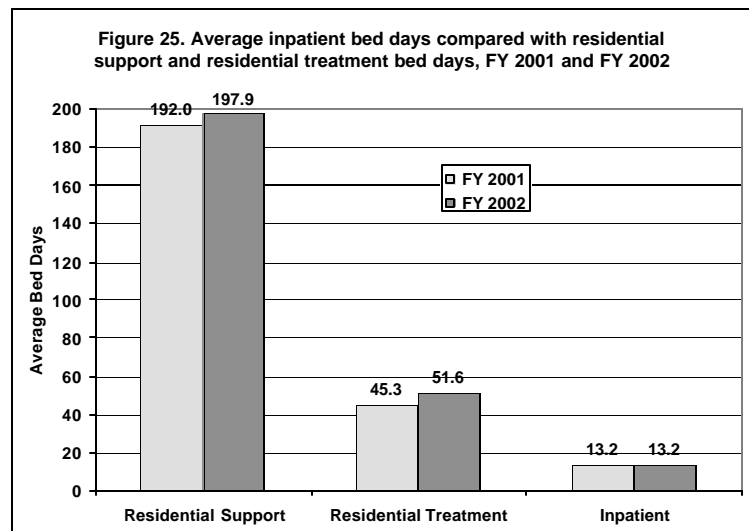
Community Inpatient Treatment Services

The number of inpatient persons served in FY 2001 went from 1,055 to 1,214 for the *SMI* group but decreased for the *Non-SMI* group (661 to 593) (Figure 23). These changes were 15.1 percent and minus 10.3 percent, respectively. The *total* number of persons served increased by nearly one-tenth (8.2%). *Total bed days* increased by 8.1 percent to over 25,000 (Figure 24). The *SMI* population increased 16.1 percent to 19,448 in FY 2002. The *Non-SMI* group, on the other hand, dropped by about 15 percent (-14.9%).



Average Bed Days: Inpatient and Residential Services

Average bed days per year per person are shown in Figure 25 for the most intensive community services. There is a fair amount of agreement between years for each of the intensive services. *Inpatient* bed days averaged nearly two weeks (13.2) for both years, *residential treatment* was between six and seven weeks on average and *residential support* was about six and one-half months. Residential support provides overnight supervision in a group living facility. Residential treatment provides intensive services intended to divert clients from community or state hospital inpatient services and community inpatient services are viewed as a short-term hospital arrangement.



Summary

Some of the service highlights are briefly summarized below:

- Unadjusted total mental health program expenditures increased at approximately the same rate (around 10%) at the CMHCs and the State Hospital from FY 1999—FY 2002.
- Average expenditures per person in FY 2002 were about 18 times higher at the State Hospital (\$55,056) than at CMHCs (\$2,985).
- CMHC expenditures were higher in the Wasatch Front (WF) region than the Non-Wasatch Front (NWF) region, particularly at Valley Mental Health. More intensive services, which are generally more prominent in urban areas, are most costly.
- Despite regional differences, there is much variability between CMHCs in expenditures.
- Non-Wasatch Front CMHCs generally served higher proportions of persons in their geographic areas than WF CMHCs (i.e., *person access*).
- However, service access overall was much higher in WF than NWF areas. This finding is consistent with the observation that WF expenditures were higher.
- When compared with each CMHC's proportion of persons served, centers varied in relative service access to clinic, day treatment, residential support, residential treatment, and inpatient services for both SMI and Non-SMI populations. However, Valley consistently provided the highest relative access in each of these major services.
- CMHCs that provided moderate to high relative clinic or day treatment access for either or both severity populations were SW, NE, FC, SJ, WB, DV, VL, and WS.
- In the more intensive residential and inpatient services, the following CMHCs provided moderate to high relative access to one or both severity populations: CU, SW, FC, WB, DV, VL, and WS.
- The 53 percent that were SMI appropriately received the highest proportions of major services: inpatient (80%), residential treatment (66%), residential support (90%), day treatment (80%), and clinic (65%).
- The same 53 percent that were SMI also appropriately received the highest proportions of clinic hours: case management (85%), crisis (69%), medication management (79%), and individual/family/other (69%).
- Persons rated SMI had greater access to multiple services than the Non-SMI population.
- Higher proportions of adults and children rated Severely Mentally Ill (SMI) than Non-Severely Mentally Ill (Non-SMI) received multiple types of the major services than those not so rated (i.e. higher *service type access*).
- Higher proportions of adults and children rated SMI than Non-SMI also received various types of clinic services (higher *clinic service access*).
- Service trends for FY 2001 and FY 2002 were mixed. Service volume increased for persons rated SMI in clinic, day treatment, residential support, residential treatment, and community inpatient.
- Service volume decreased for the Non-SMI group in clinic, day treatment, residential support, and inpatient while the volume of residential treatment remained about the same.
- Average length of stay per year was the same for inpatient days (13.2), while only slight increases occurred in residential support (to about six ½ months) and residential treatment (to about 7 ½ weeks).

Chapter 3

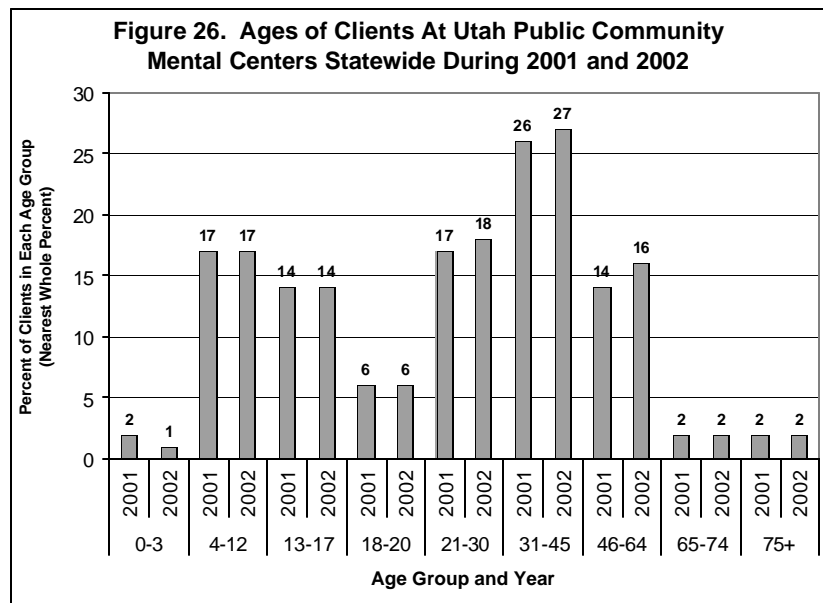
Client Profile

Client profile addresses the question, “whom do we serve?” Included are age, gender, race, ethnicity, diagnosis, severity of mental illness, employment status, marital status, residential living arrangement, referral source and expected primary payment source at time of admission. As mentioned earlier in this report, the unduplicated numbers served during FY 2001 were 42,122 clients at ten public Community Mental Health Centers (CMHCs) and 719 patients at the Utah State Hospital (USH). In FY 2002, 44,244 clients were served at the CMHCs and 747 patients at the State Hospital. Unduplicated served means that a person is only counted once during a year no matter how many admissions, discharges and readmissions occur within the year for that person.

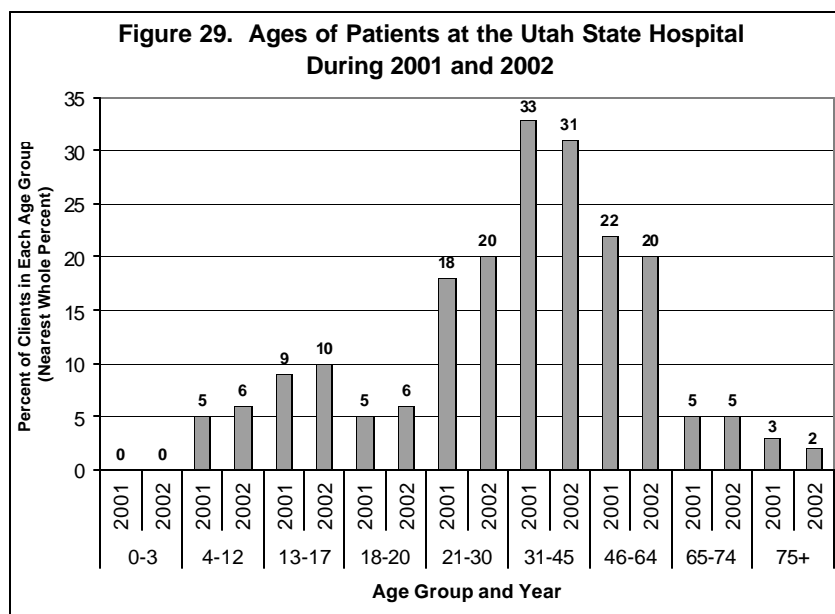
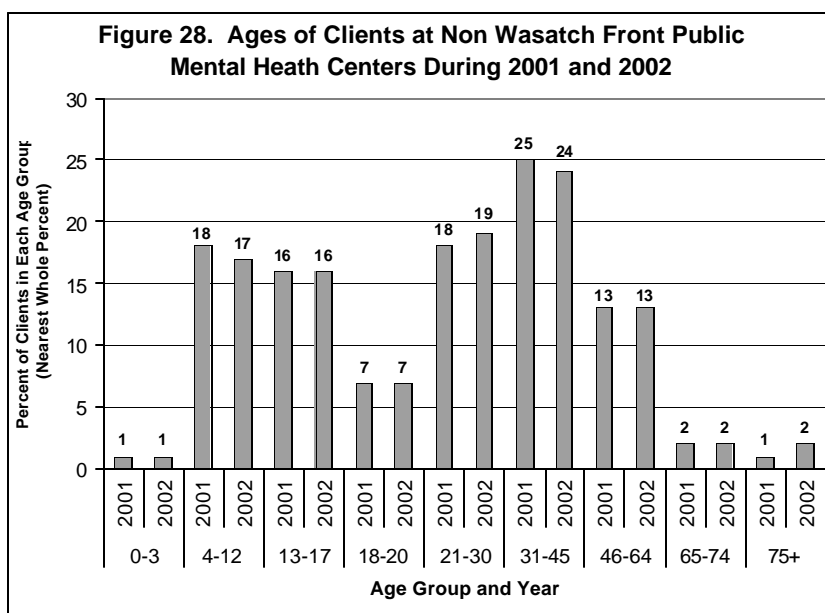
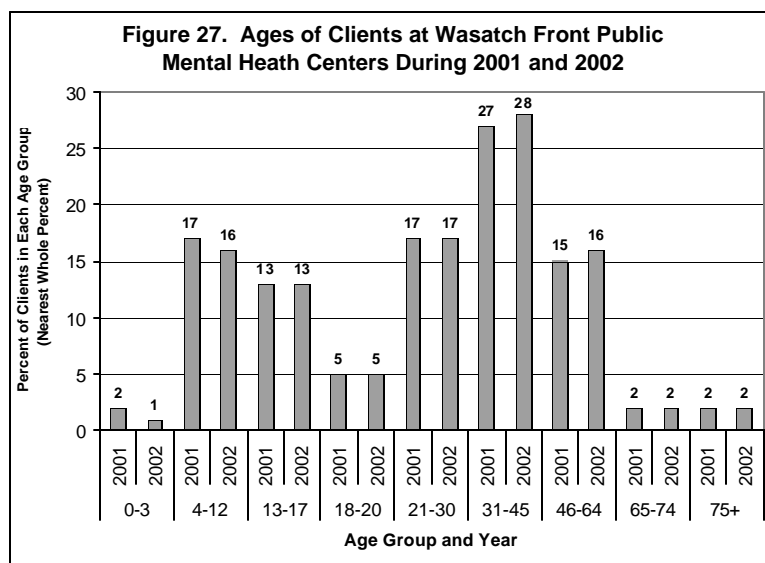
This section includes profiles of these clients and patients for all ten CMHCs statewide and the State Hospital. The centers are divided for comparison purposes into two regions: the Wasatch Front CMHCs and non Wasatch Front CMHCs. Client profiles statewide show strong similarities between FY 2001 and FY 2002, and client characteristics *within each region* show similarities between FY 2001 and FY 2002. More detailed tables for client and patient characteristics are found in the Appendix at the end of this report.

Age

Ages are divided into nine categories: 0-3, 4-12, 13-17, 18-20, 21-30, 31-45, 46-64, 65-74, and 75 and older. During both FY 2001 and FY 2002 for all CMHCs statewide, the percent of clients in each age group are very similar (Figure 26). Both years, clients 31-45 years old were in the largest age group with over one quarter of all clients each year, while about 17 percent were children ages 4-12, and 17-18 percent are young adults ages 21-30.

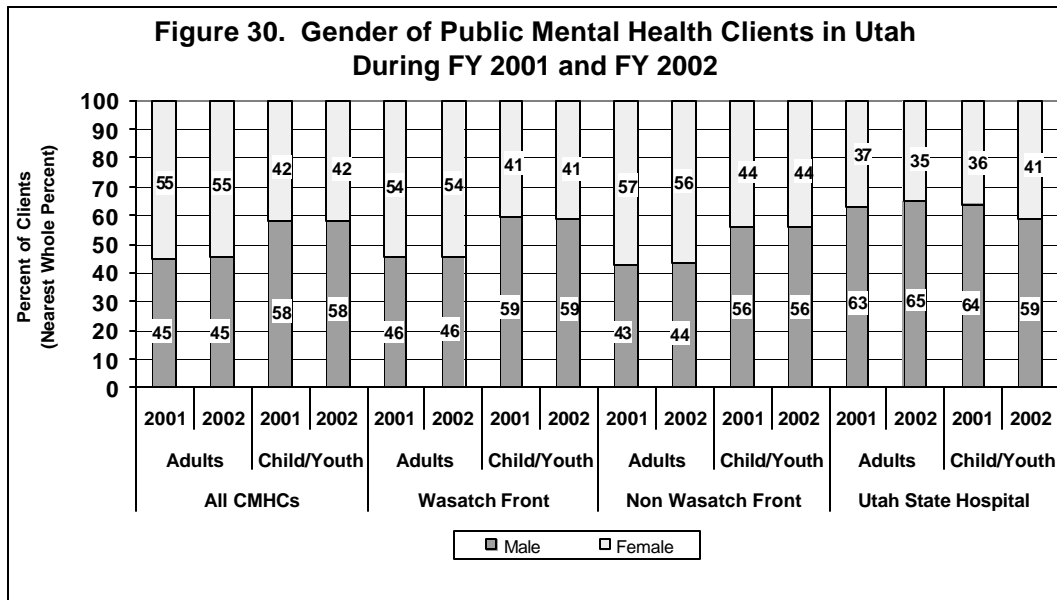


Comparison of age distribution along the Wasatch front and in non Wasatch Front areas of the state shows that age distributions are similar from one year to the next within each region (Figures 27 and 28). However, differences exist between the two regions. For example, there were slightly higher proportions in the 31-45 and 46-64 age groups along the Wasatch front when compared to non Wasatch, while proportions in other groups like the 13-17 and 18-20 age groups were lower in comparison. This may be related to migration of people living in rural areas to the more urbanized Wasatch front after they reach adulthood. The profile of ages of patients at the Utah state hospital (Figure 29) is generally different than the profiles for the CMHC clients. The State Hospital had higher proportions in adult age groups than the CMHCs, especially ages 31-45 and 46-64. Like the CMHCs, the largest age group is 31-45.



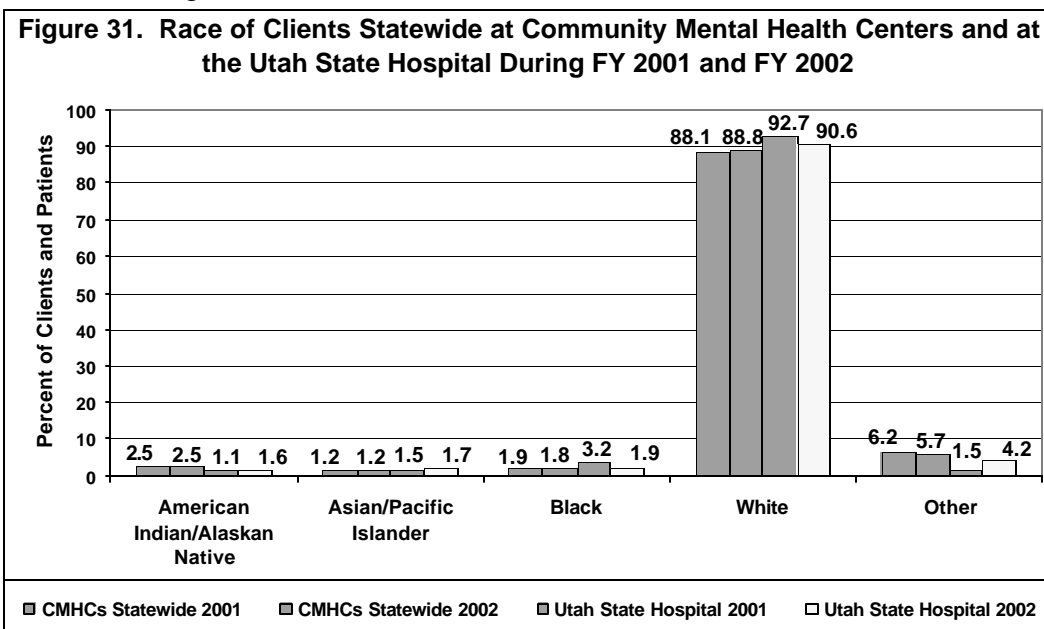
Gender

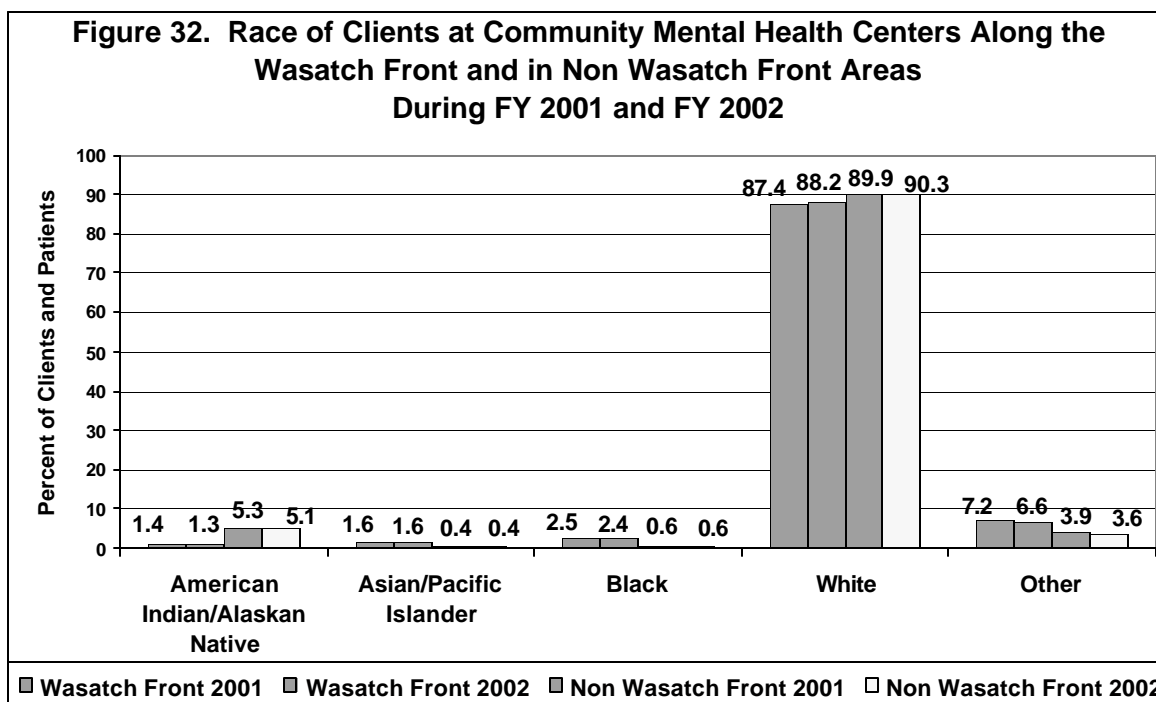
Across the state at CMHCs, higher proportions of adult females were treated than adult males, and higher proportions of children/youth males were treated than children/youth females (Figure 30). Regional comparisons for adults show slightly higher proportions of females treated in non Wasatch Front centers. Regional comparisons for children/youth also show slightly higher proportion of females treated in non Wasatch Front centers. At the Utah State Hospital, a higher proportion of males were treated during both years for both adults and children/youth.



Race

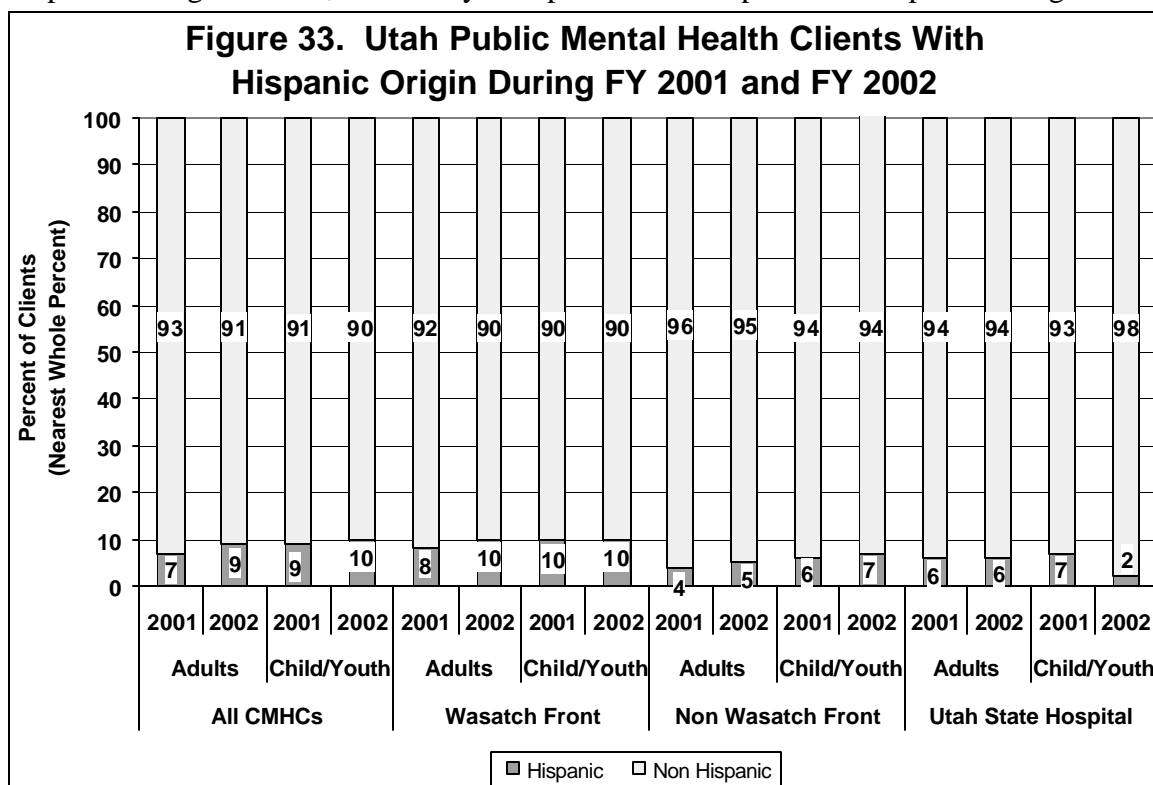
Between 88 and 93 percent of CMHC clients and State Hospital patients were white (Figure 31). In the Wasatch and non Wasatch regions, the proportion of white clients ranged from 87 to 90 percent (Figure 32). For both FY 2001 and FY 2002, proportions of clients from American Indian tribes were higher in the rural non Wasatch Front CMHCs, while percents of Blacks and Asian/Pacific Islanders were higher in the more urban Wasatch Front areas.





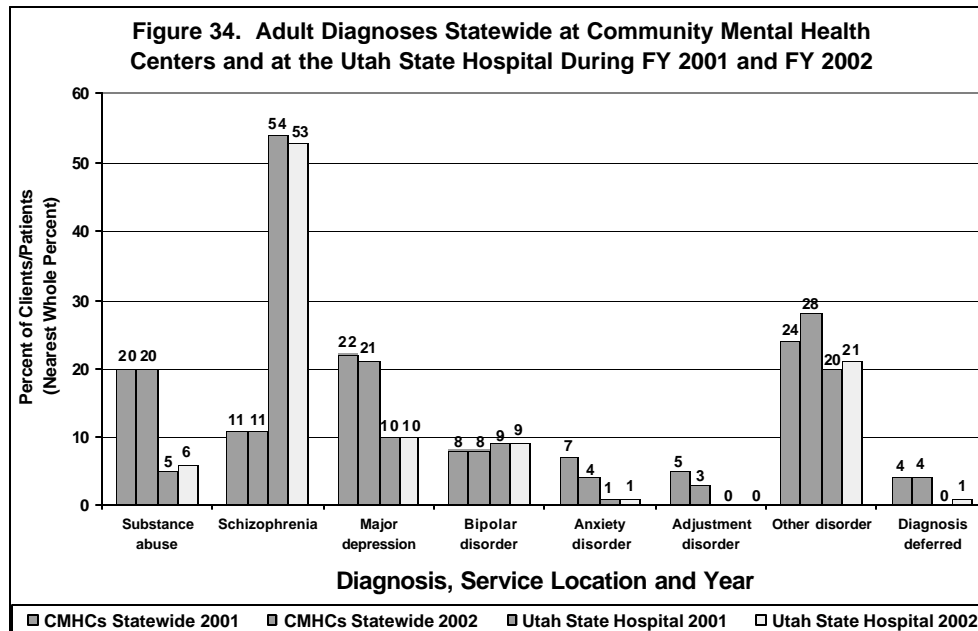
Ethnicity — Hispanic Origin

Statewide, the percent of clients from Hispanic origin increased slightly from FY 2001 to FY 2002 for both adults and children/youth (Figure 33). During both years, the percents of those with Hispanic origin were higher along the Wasatch front. At the Utah State Hospital, six percent of adults came from Hispanic origin during both years. About seven percent of children/youth patients were Hispanic during FY 2001, while only two percent were reported as Hispanic during FY 2002.

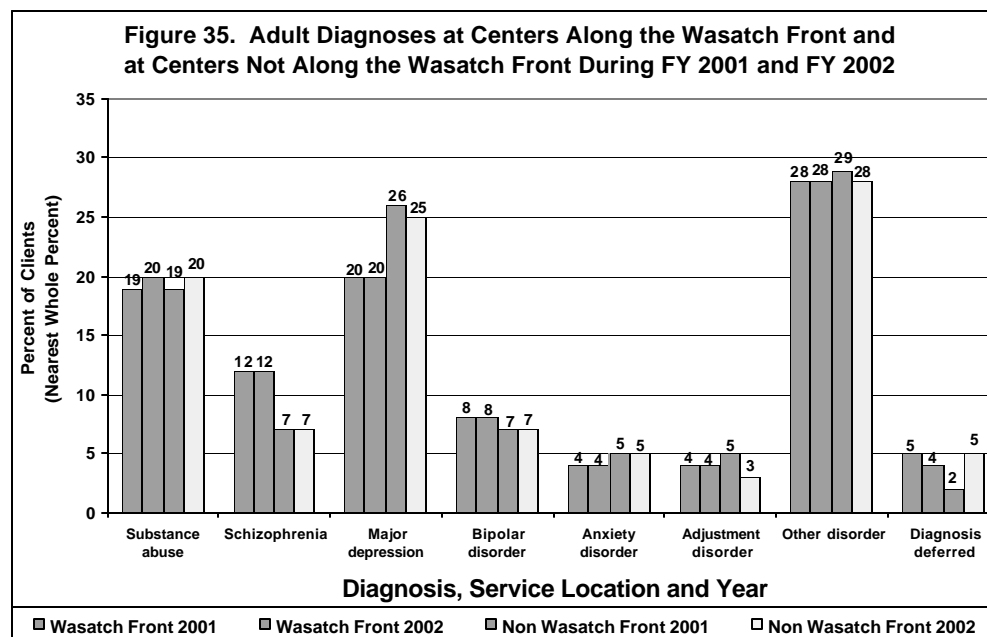


Adult Diagnoses

Differences exist in the most frequent diagnoses at the community mental health centers statewide and the Utah State Hospital (Figure 34). The most frequent diagnosis at the CMHCs during both years was major depression, followed by substance abuse, schizophrenia and bipolar disorder. Percents of clients with these diagnoses at the CMHCs were very similar during both years. At the State Hospital, over half of the patients during both years had a diagnosis of schizophrenia, followed in decreasing percent by specific diagnoses of major depression, bipolar disorder and substance abuse.

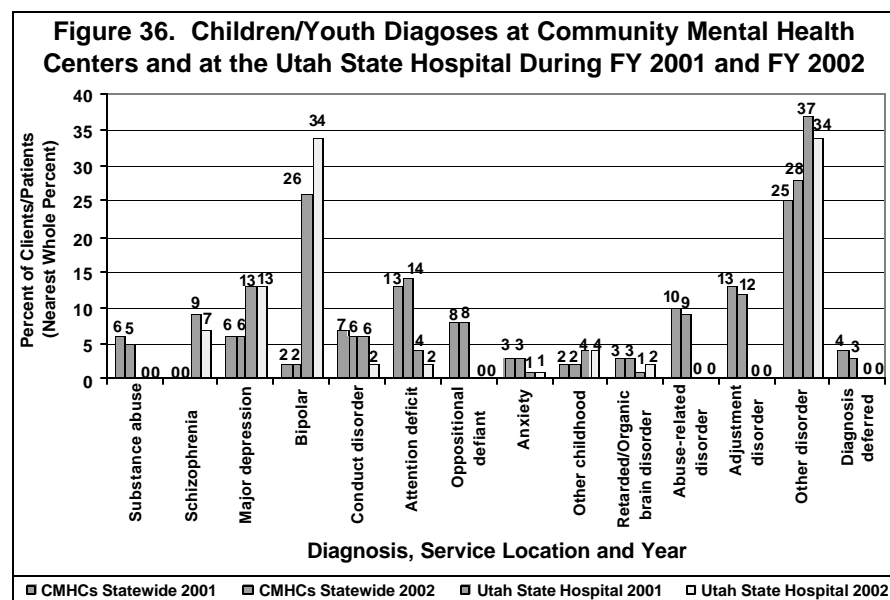


Differences between regions are evident in diagnoses of schizophrenia and major depression (Figure 35). Schizophrenia diagnoses were higher in the urbanized Wasatch Front CMHCs, and major depression diagnoses are higher in the more rural non Wasatch Front CMHCs. Within each region, diagnoses showed similarities from one year to the next.



Children/Youth Diagnoses

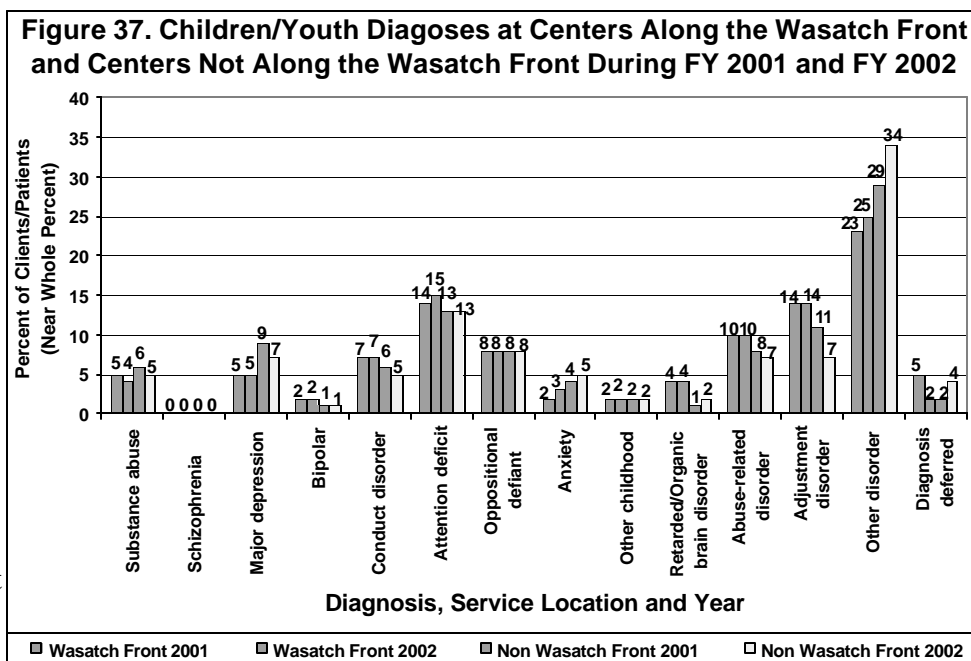
Differences exist in the most frequent diagnoses for children/youth at CMHCs statewide compared with the Utah State Hospital (Figure 36). The most frequent diagnosis at the CMHCs was attention deficit



disorder, followed by adjustment disorder and abuse related disorders. The percents of clients with each diagnosis at the CMHCs were similar from one year to the next. At the State Hospital, patients with a diagnosis of bipolar formed the largest group during both years with one-fourth of patients having this diagnosis during FY 2001 and over one-third of FY 2002 patients. Patients with major depression and schizophrenia had the next highest proportions of diagnoses.

Attention deficit disorder and adjustment disorder were the most frequent diagnoses in both Wasatch Front and non Wasatch Front regions during both years (Figure 37). In Wasatch Front CMHCs, abuse related and oppositional defiant disorders were the next most frequent diagnoses.

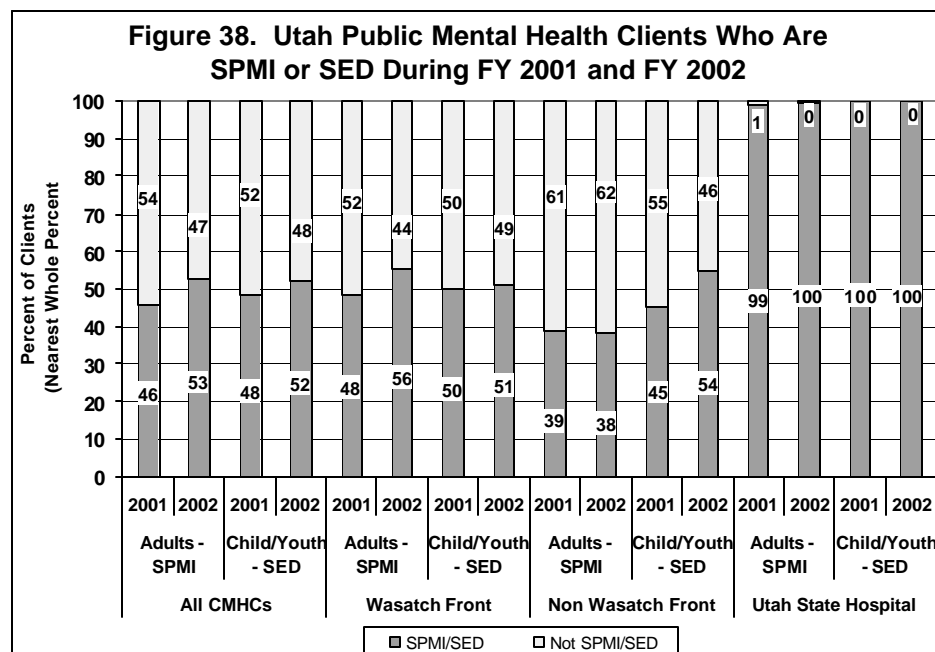
Percents for these diagnoses were very similar from FY 2001 to FY 2002. During FY 2001 in rural CMHCs, adjustment disorder was the next highest group followed by major depression, oppositional defiant and abuse related disorders, while in FY 2002, oppositional defiant was the second largest group followed by major depression, abuse related disorders and adjustment disorder.



Overall, the following diagnoses had higher percents in the Urban Wasatch Front CMHCs than in the rural areas: attention deficit disorder, adjustment disorders, abuse related disorders, conduct disorder, retardation/organic brain disorders, and bipolar. Major depression and anxiety had higher percents in rural CMHCs compared to their urban counterparts.

Severity of Mental Illness

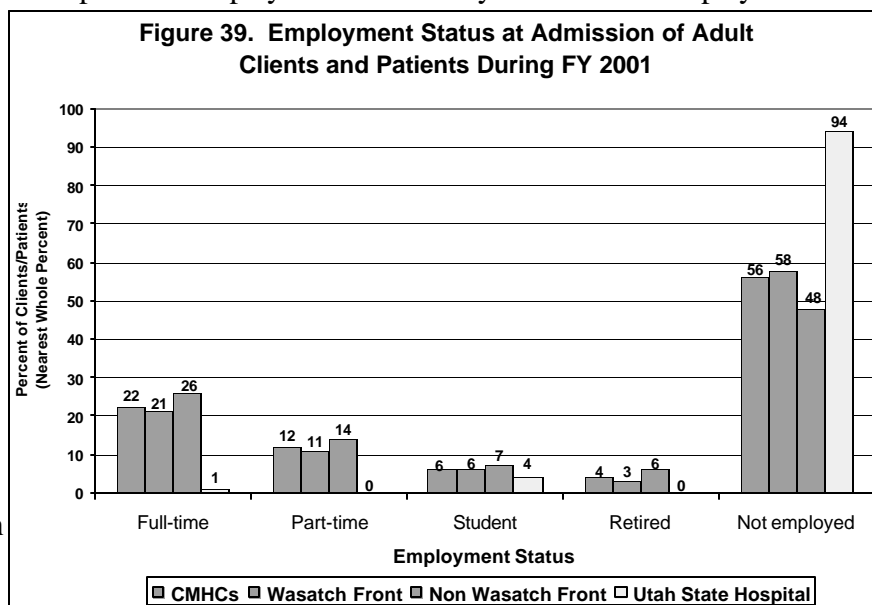
Statewide for all CMHCs, the proportion of adults reported as having Severe and Persistent Mental Illness (SPMI) at admission and the proportion of children/youth reported as having Serious Emotionally Disturbance (SED) at admission increased from FY 2001 to FY 2002 (Figure 38). Some of this increase may

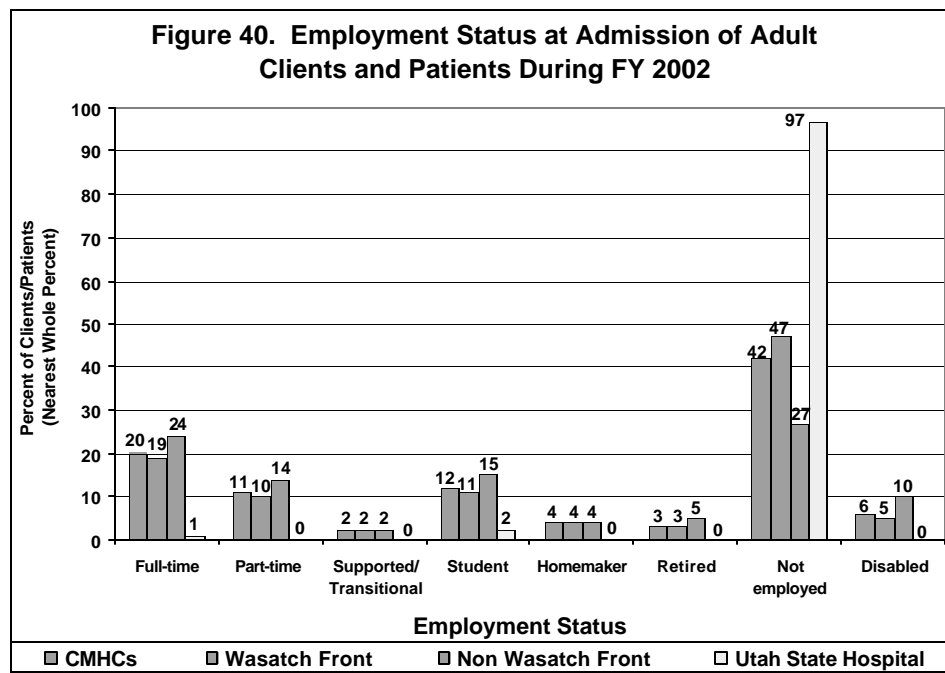


be the result of better reporting or increased emphasis on evaluating and documenting severity at admission. CMHCs along the Wasatch Front served the highest proportions of SPMI adults and SED children/youth during both years. At the Utah State Hospital, almost all patients were reported as SPMI or SED at admission during both years.

Employment Status

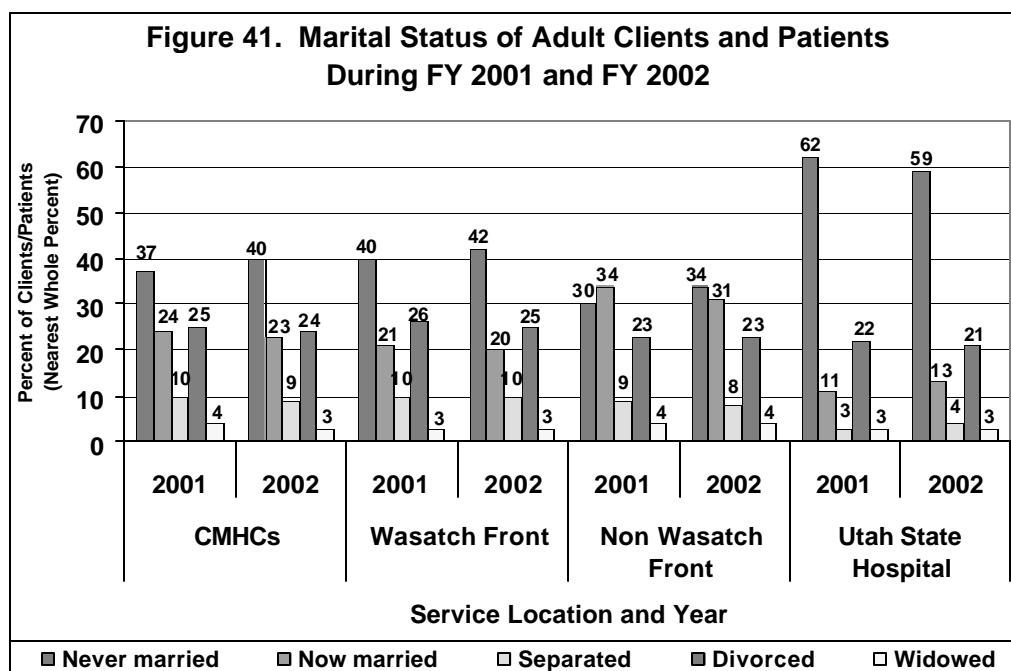
Slightly more than one fifth of CMHC adult clients served statewide during FY 2001 were employed full time at admission (Figure 39). When part time employed are added only one third had employment. An even smaller percent were employed during FY 2002 (Figure 40). During both years, higher proportions of clients in the non Wasatch Front CMHCs were employed, worked part-time or were students. In addition, higher proportions of clients were retired in rural areas. Almost all patients admitted to the State Hospital during both years were not employed at the time of admission. More categories were used during FY 2002 as part of an effort to better track employment as an outcome variable. In future years, employment will be used as an outcome indicator and reported at regular intervals.





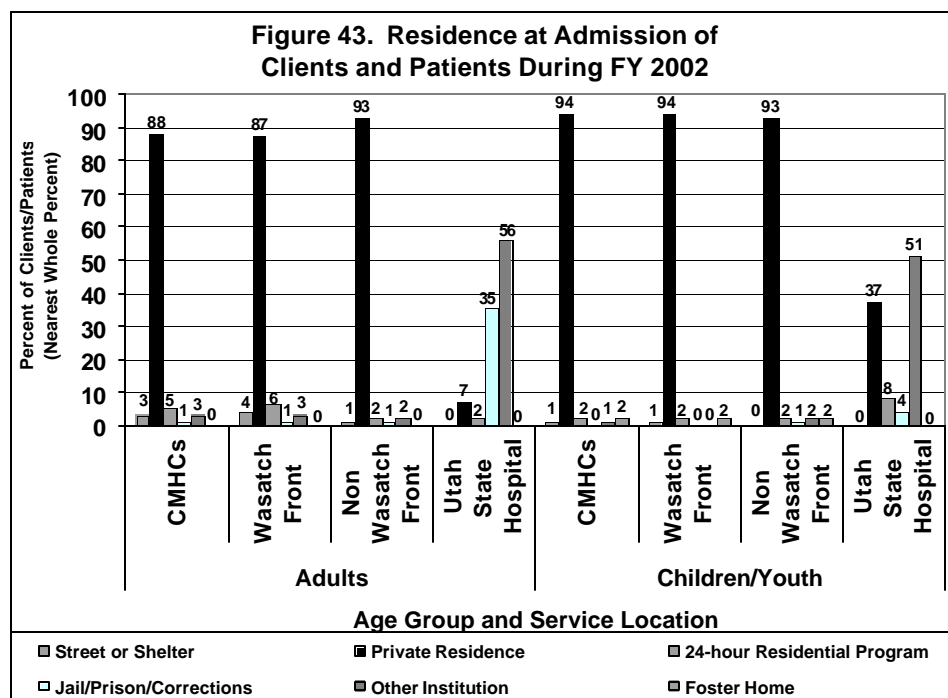
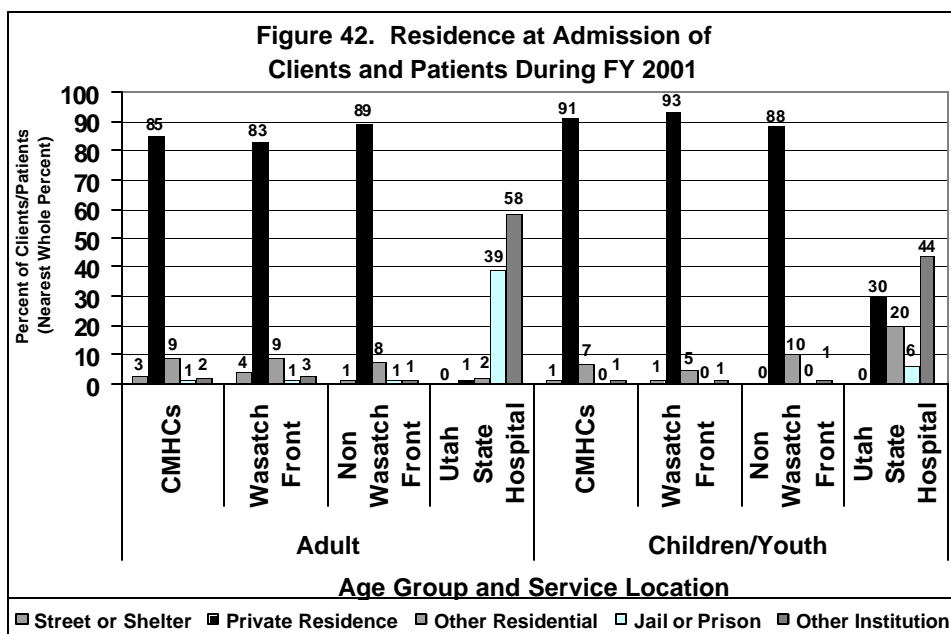
Marital Status

From 37 to 40 percent of adult clients during both years for all CMHCs statewide had **“never married”** (Figure 41). The percents of **“never married”** clients were lower in NWF areas than WF. Statewide and in the WF region 72 to 77 percent of clients had **“never married”**, or **“were separated”** or **“divorced”**. For rural Mental Health Centers, percents of clients **“never married”**, **“separated”** or **“divorced”** were lower, 60 and 65 percent for the two years. Clients **“now married”** ranged from 20 to 24 percent for all centers statewide and along the Wasatch front, while proportions of clients in rural areas reporting **“now married”** were higher, 34 and 31 percent for the two years. Slightly higher proportions of clients in the urban Wasatch Front were divorced. Compared to CMHCs, there is a high proportion, who had **“never married”** among State Hospital patients.



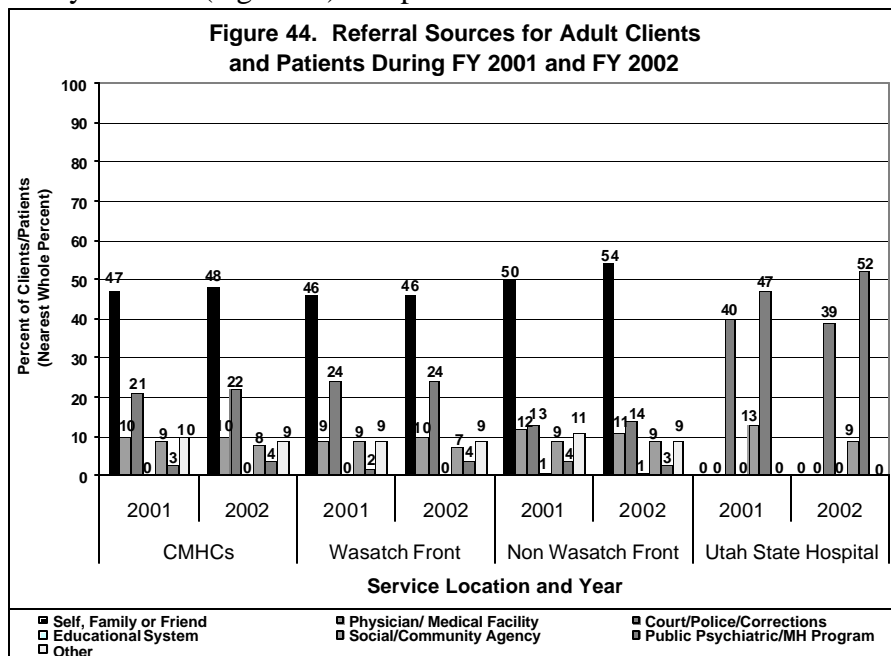
Living Arrangement

Most clients statewide and in the two regions were living in a private residence when they were admitted to Utah CMHCs (Figures 42 and 43). Slightly higher proportions were living in private residences during FY 2002 than during the previous year. Generally, during both years higher proportions of children/youth were living in private residences than adults. Regional differences show higher proportions of non Wasatch Front adults coming from private residences, while higher proportions of Wasatch Front children/youth came from private residences. Most adult patients admitted to the Utah State Hospital were from other institutions, residential housing, jail or prison. About one third of the children/youth admitted to the Utah State Hospital came from private residences.



Referral Sources for Adults

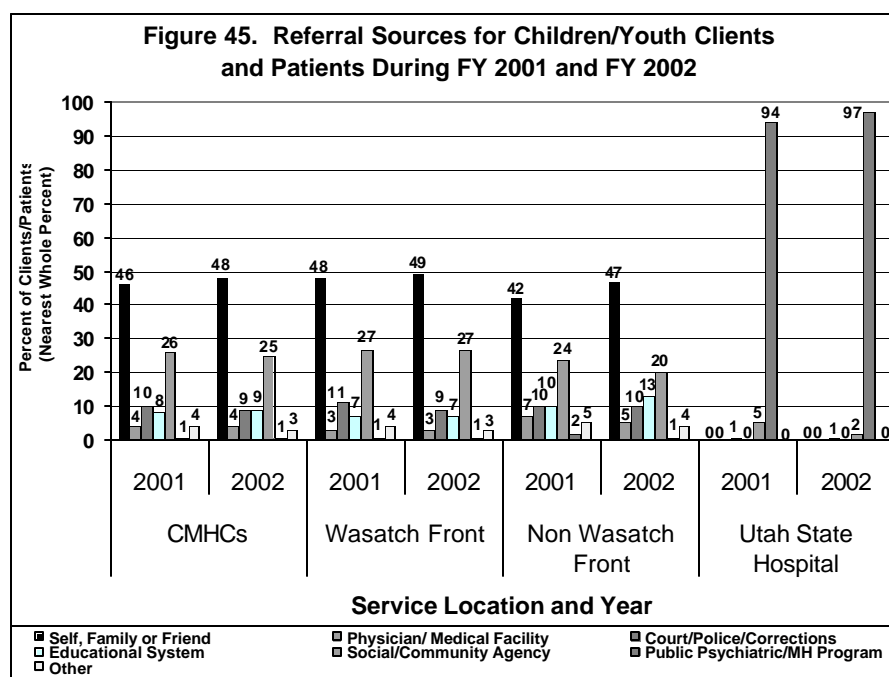
At all CMHCs statewide and in the two regions about half of the adult clients were referred by self, family or friend (Figure 44). Proportions of referrals from these sources were higher in rural areas than along



the Wasatch Front. In urban areas proportions of referrals from court/police/corrections were almost twice the proportions in rural areas. For the Utah state hospital, about half of adult patient referrals were from public psychiatric/mental health programs, and 39 to 40 percent were referred by courts/police/corrections. The proportion of adult referrals from public psychiatric/mental health programs to the State Hospital increased from FY 2001 to FY 2002.

Referral Sources for Children/Youth

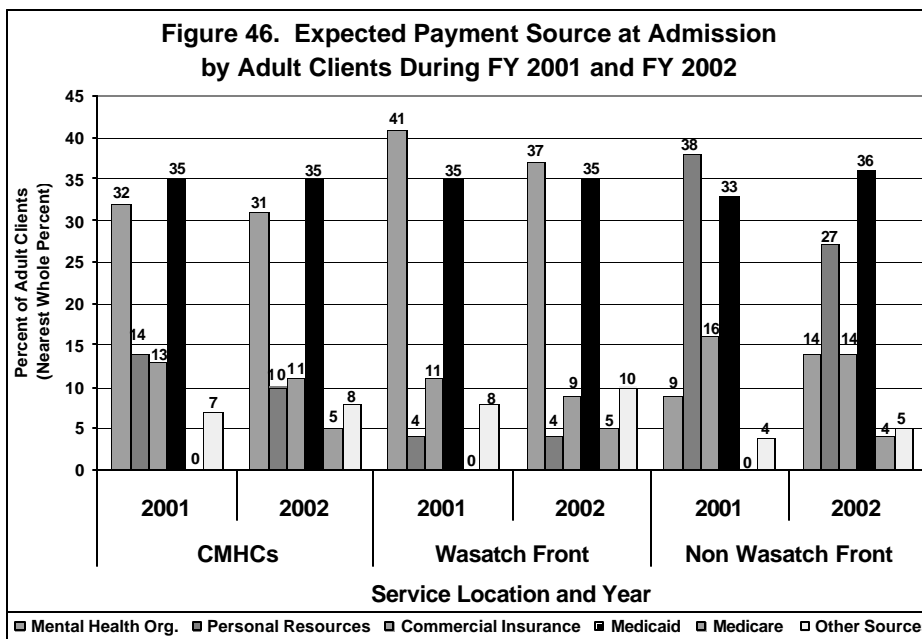
At all CMHCs statewide and in the two regions slightly under half of the children/youth clients were referred by family or friend (Figure 45). Self-referral could be possible in this category, but unlikely for these young clients. Proportions of referrals from these sources were slightly higher along the Wasatch Front than in rural areas. About one-quarter of children/youth clients were referred by social community agencies, with slightly higher proportions of referrals from these agencies in Wasatch Front urban areas. Courts, police and corrections referred about 10 percent of the children/youth clients. Most of the referrals of patients at the Utah State Hospital were from public psychiatric/mental health programs.



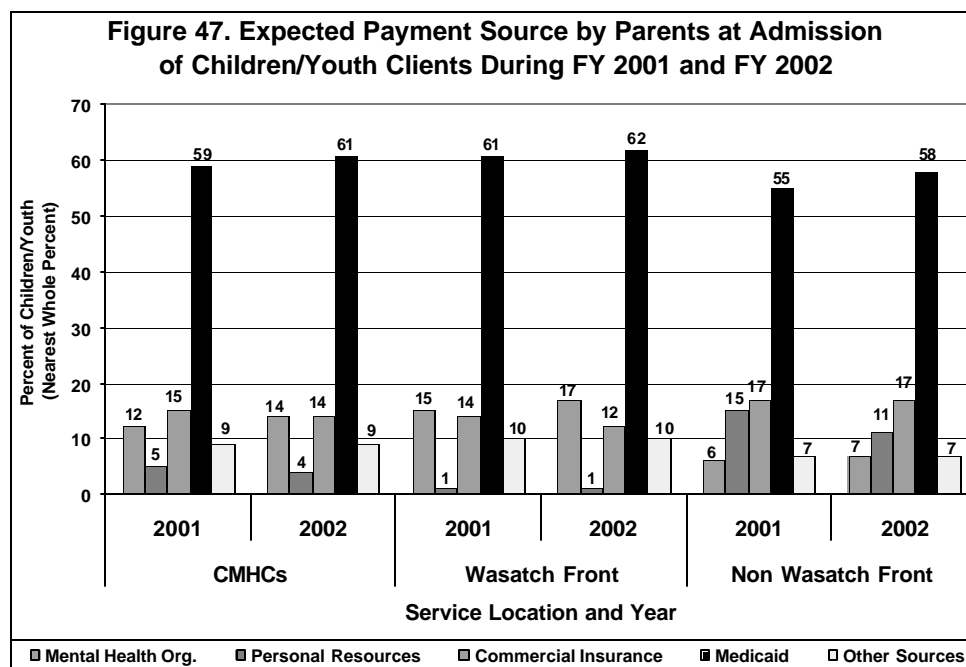
Expected Payment Source

In past years, adult clients and parents/guardians of children and youth clients have reported expected payment sources for services. Currently, CMHC personnel are starting to enter the most likely expected payment source according to the rules of the agency. In addition, when each service is reported to the state, it is indicated whether Medicaid will pay for the service or not. Perhaps in the future, other sources of payment for services could be indicated.

For adult clients statewide and along the Wasatch Front, Medicaid and the mental health organization (the local CMHC) were most frequently selected as expected payment sources (Figure 46). At rural non Wasatch front CMHCs, Medicaid and personal resources were most frequently selected. Mental health organizations were selected in much lower proportions in rural areas.



For children and youth, Medicaid was selected most frequently as the expected payment source, by about 60 percent of parents and guardians (Figure 47). Mental health organization selection ranged from 12 to 14 percent statewide, from 15 to 17 percent along the Wasatch front, and much lower from 6 to 7 percent in rural non Wasatch Front areas. Personal resources had much higher proportions of selection in the rural areas.



Summary

Clients and patients in all CMHCs statewide and the State Hospital during FY 2001 and FY 2002 were profiled, including age, gender, race, ethnicity, diagnosis, severity of mental illness, employment status, marital status, residential living arrangement, referral source and expected primary payment source at time of admission. The two local authorities, Summit and Tooele, who contract with Valley Mental Health, are included with Valley for analysis. Centers were divided into two regions: the Wasatch Front and non Wasatch Front.

Profiles statewide show strong similarities between the two years, and client characteristics *within each region* show similarities between years. At CMHCs and the State Hospital, clients 31-45 years old were in the largest age group. There are higher proportions of adults ages 31-64 along the WF compared to NWF, where youth and young adults ages 13-20 had higher percents. Perhaps this difference is related to migration of young adults from rural areas to the more urbanized Wasatch Front. At CMHCs across the state, more female adults were treated, while more children/youth males were treated. At the Utah State Hospital, higher proportions of males were treated for both adults and children/youth.

Around 90 percent of clients and patients were white. Proportions of clients from American Indian tribes were higher in the rural NWF, while percents of Blacks and Asian/Pacific Islanders were higher along the WF. Statewide, 7-10 percent of clients were from Hispanic origin. The percent of Hispanic clients was higher along the WF.

The most frequent adult diagnoses at CMHCs were major depression, substance abuse, schizophrenia and bipolar disorder. Schizophrenia diagnoses were higher for adults at WF CMHCs, and major depression diagnoses were higher for adults at rural NWF CMHCs. At the State Hospital, over half of adult patients had a diagnosis of schizophrenia, followed in decreasing order by major depression, bipolar disorder and substance abuse. The most frequent children/youth diagnoses at CMHCs statewide were attention deficit disorder, adjustment disorder and abuse related disorders. At the State Hospital, more frequent diagnoses for children/youth were bipolar, major depression and schizophrenia. By FY 2002, over half of the clients at CMHCs and all patients at the State Hospital were reported as having SPMI or SED.

Only one third or less of clients were employed at admission. Statewide and in the WF region around three quarters of clients had never married, were separated or divorced, while proportions were lower in the rural NWF areas. Most clients were living in a private residence when they were admitted to Utah CMHCs. About half of referrals were by self, family or friend. WF adult referrals from court/police/corrections were almost twice the proportion of those in rural areas. About one-quarter of children/youth clients were referred by social community agencies. For adult clients, Medicaid and the mental health organization (the local CMHC) were most frequently selected as expected payment sources. For children and youth, Medicaid was selected most frequently as the expected payment source.

Chapter 4

Adult Outcomes and Service Satisfaction

Chapter 4 focuses on adult measured and perceived treatment outcomes, access to services, quality and appropriateness of treatment, participation in treatment, and general satisfaction of *adult* clients. **Measured outcomes (symptom reduction)** are calculated using the Positive Mental Health Index, a 10-item scale from the General Well Being Schedule (GWB). **Perceived outcomes and satisfaction** are determined using responses from the adult MHSIP (Mental Health Statistics Improvement Program) Consumer Survey.

The MHSIP survey instruments were refined nationally during a grant from the Center for Mental Health Services (CMHS) on performance indicators. Two MHSIP instruments, one for adults and one for children and youth have been adopted by the Utah public mental health system. They have been incorporated into the federal Block Grant Program, and results are provided to CMHS to summarize key indicators of client perceived outcomes and satisfaction with mental health care in the Utah public mental health system. As Performance Partnership Grants (PPGs) replace Block Grants, the required reporting of results to CMHS from the MHSIP surveys for adults and for children and youth will continue to provide outcome and satisfaction information from mental health clients statewide in Utah. Results from analyses of adult surveys are discussed in this chapter. Results from analyses of children/youth and parent surveys are in Chapter 5 on child and youth outcomes and satisfaction.

Overview of MHSIP Survey Conceptual Domains

Structural logic for the five domains mentioned above is provided through examination of the MHSIP Consumer Survey. As a client obtains services from a CMHC the first concern is *access*, followed by *quality and appropriateness of treatment, participation in treatment, outcomes*, and finally *satisfaction*. Wackwitz (1998) demonstrated that this longitudinal conceptual model is supported by statistical and path analyses. Ganju, et.al. (1998) used this model in submitting information to the Committee on Performance Measures, NCQA, for inclusion in HEDIS. Hall (2001), in an article published on the Internet site for the MHSIP Consumer Survey used these domains and listed items (statements) for each. Although access is the first temporal consideration for the client, outcomes, the overall intended result of therapy, will be examined first.

Perceived outcomes/effectiveness of treatment include functioning at work, at home, in daily life, in family and social situations, and in crises.

Access must be available for clients to receive the mental health services they need. Penetration/utilization rates, measures of access, were discussed earlier in this report. Client perception of access domain consists of several factors, including time from first contact to first appointment, availability of clinicians, availability of times for appointments, and the convenience of service locations.

Quality/appropriateness includes staff interaction, availability of information about medications, treatment and support, cultural/ethnic considerations and responsiveness of staff to client needs.

Client participation in treatment planning and decision-making is not only an important ethical imperative; it is an important factor affecting outcomes and satisfaction.

Overall satisfaction with CMHCs is measured by looking at feelings about services received, continued use of the CMHC even if other options are available, and making recommendations about the CMHC to others.

These five domains and associated statements are part of the conceptual framework used by the Division of Substance Abuse and Mental Health in program evaluation and monitoring of mental health programs. Insight is provided into the functioning of the CMHCs and their interaction with clients during FY 2001 and FY 2002.

Procedures

Measured outcomes (symptom reduction) are calculated using the Positive Mental Health Index, a valid and reliable 10-item scale from the General Well Being Schedule (GWB). Respondents were asked to describe the seriousness or intensity of psychological symptoms or difficulties they experience. Scale items describe symptoms, which are generally presented in a majority of mental health diagnoses and can be expected to improve in response to typical mental health treatment approaches. Measured outcomes have been collected from clients at the CMHCs since 1995.

Each CMHC follows the same basic procedures in collecting these outcome data. At the time of admission or initial assessment, each client completes the 10-item scale. Clients complete the instrument a second time approximately three months later or when treatment has been concluded, whichever occurs first. The follow-up measure is generally obtained through mail questionnaire, but some centers collect follow-up data at outpatient clinics or other service sites.

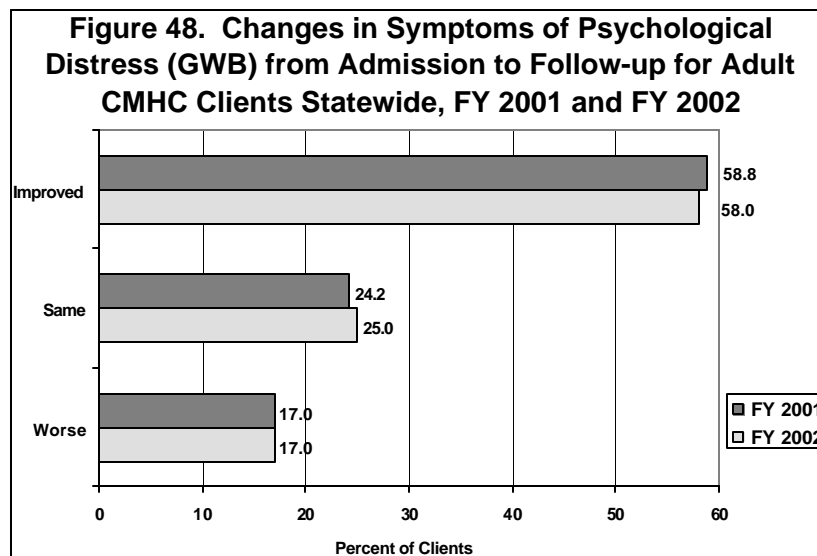
Changes in scores on the GWB Positive Mental Index between the initial assessment (Time 1) and the follow-up administration (Time 2) are compared. A positive outcome (“improved”) occurs when a significant clinical change in the positive direction results, a decrease in score of 4 or more points. Likewise, a negative outcome (“worse”) occurs when a significant clinical change in a negative direction results, an increase in score of 4 or more points. Cases in which the magnitude of change does not meet either of these criteria are considered to have been “maintained” or the “same”.

Perceived outcomes and satisfaction are determined using responses from the MHSIP Consumer Survey during FY 2001 and FY 2002. Twenty-eight consumer survey statements were sent with the GWB follow-up instrument. Adult clients were asked their level of agreement with statements about their mental health services and the CMHCs. A five point Likert scale was used with response categories: strongly agree, agree, neutral, disagree, and strongly disagree. Not applicable was used for statements that did not fit the client. Not applicable responses were not included in the analyses.

During analysis, the MHSIP survey statements were divided into the five domains. For each domain, an average positive score was calculated using the statements related to the domain. An average score of 2.5 or higher was considered positive. Scores that fall in strongly agree, agree, and the upper half of the neutral range are included. This is the standardized method for submitting data to the federal Center for Mental Health Services (CMHS). For individual statements, percent agreement is based only on those who strongly agree and agree. The average positive domain scores are slightly higher than percent of clients in agreement with individual statements.

Measured Outcomes (Symptom Reduction) Results

Fifty-eight percent of adult clients statewide improved from initial assessment to follow-up during FY 2001 and FY 2002, when comparisons were made of symptoms of psychological distress (Figure 48). Seventeen percent of adult clients were worse. About one-quarter of adult clients were the same or clinically unchanged. Percents improved, worse or the same varied little between the two years, less than one percent in each category.



Sixty percent of SPMI adult clients experienced clinically significant improvement in their symptoms during FY 2001 and FY 2002, while lower percents of adult clients who were not SPMI showed improvement (Figure 49). Symptoms in over one-quarter of non SPMI adult clients remained the same during both years, while symptoms in 21-23 percent of SPMI adult clients were clinically unchanged. In comparing the two years, results related to the worsening of symptoms for SPMI and non SPMI adult clients were mixed.

Figure 49. Symptom Changes in SPMI and Not SPMI Clients Statewide -- Admission to Follow-up, FY 2001 and FY 2002

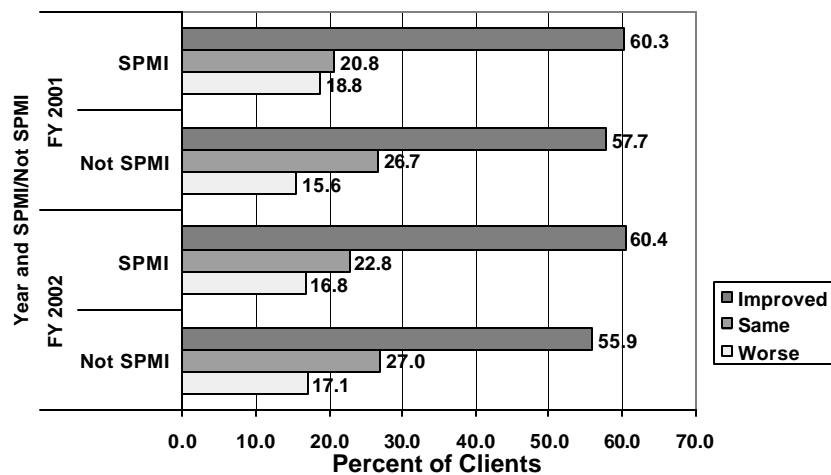
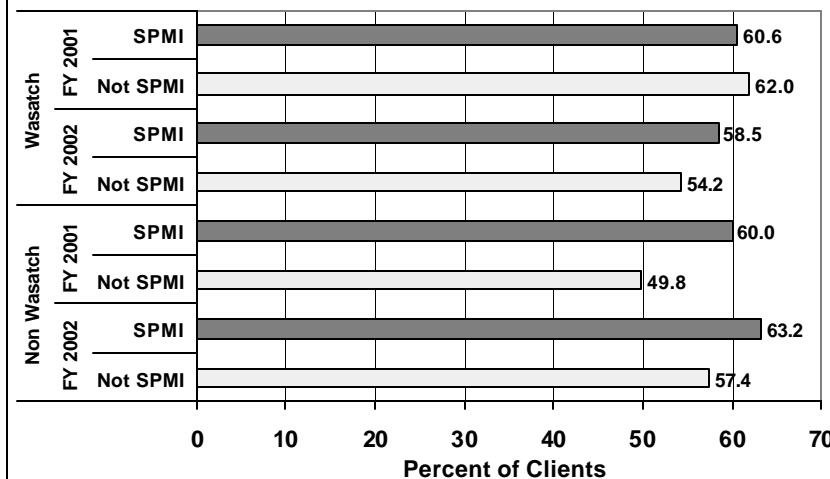


Figure 50. Percent of SPMI and Not SPMI Clients with Significant Improvement in Symptoms by Region, FY 2001 and FY 2002



At non Wasatch Front CMHCs during both years, SPMI adult clients had higher proportions with significant improvement in symptoms than adult clients who were not SPMI (Figure 50). Comparison of symptom improvement in SPMI and non SPMI adult clients at Wasatch Front CMHCs were mixed for the two years.

Perceived Client Outcomes and Satisfaction

Perceived outcomes and satisfaction for FY 2001 and FY 2002 are examined in the following pages using responses of adult clients in each of the five domains.

First, overall average positive scores for each domain during the two years will be discussed for CMHC clients statewide and for clients in the Wasatch Front (WF) and non Wasatch Front (NWF) regions. **Next**, comparisons of average positive domain scores during

FY 2002 will be made between Seriously and Persistently Mentally Ill (SPMI) adults and non SPMI adults, statewide and in the two regions. **Finally**, client agreement with individual statements in each domain will be discussed and examined for all CMHCs statewide and in both regions during the two years.

Figure 51. Adult Outcome and Satisfaction Domains - Positive Responses by Clients Statewide, FY 2001 and FY 2002

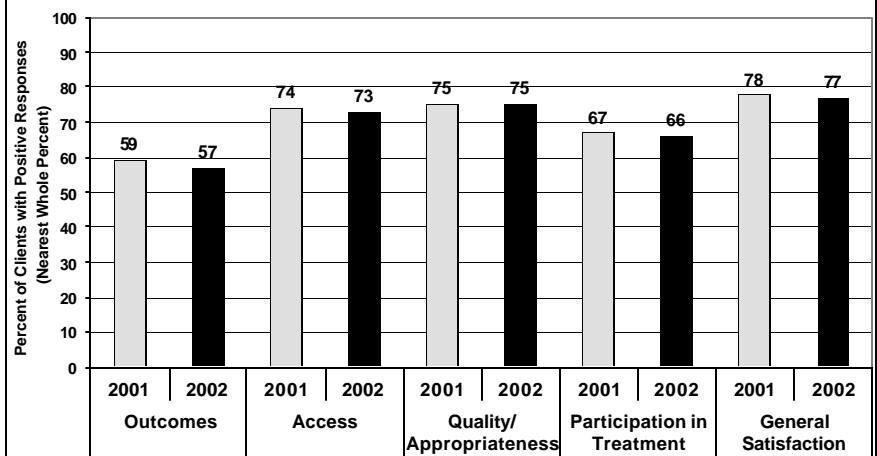
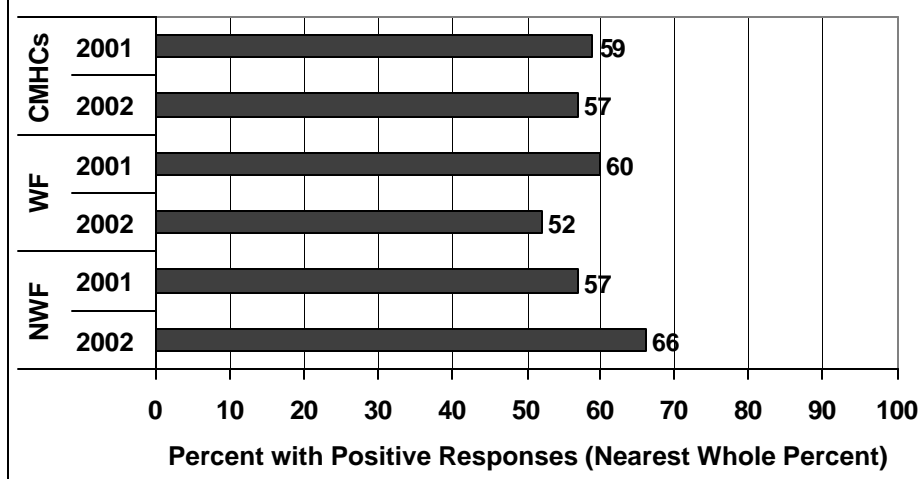


Figure 51 summarizes the responses of adult clients statewide in the five domain areas of the MHSIP survey during FY 2001 and FY 2002. Over three-quarters of the responding adult clients were generally satisfied with services received. Around three-quarters of respondents were positive about the quality/appropriateness and access to services. A lower proportion, 66-67 percent responded positively about participation in treatment planning, and 57-59 percent responded positively about outcomes or treatment effectiveness. This Utah finding is not unique. In other states using the same MHSIP instrument and reporting results to CMHS, average positive responses were found to be 10 to 15 percent lower for the outcomes domain than for other domains.

Figure 52. Adult Perception of Outcomes - Positive Responses to Combined Statements, FY 2001 and FY 2002



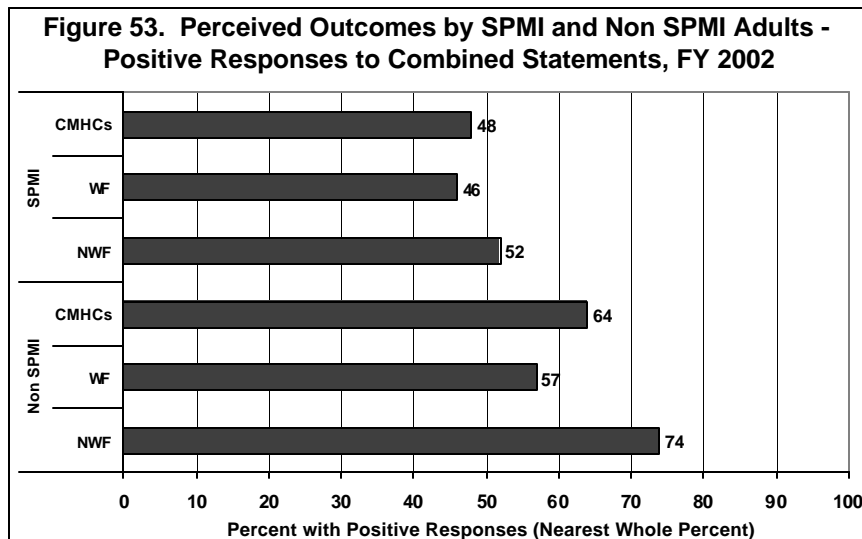
Outcomes

Domain Results

Statewide, 57-59 percent of adult respondents were positive about their treatment outcomes (Figure 52). Differences existed between regions and years in the percents of positive responses given by clients. Along the WF responses were more positive during

FY 2001, and in NWF areas the responses were more positive during FY 2002.

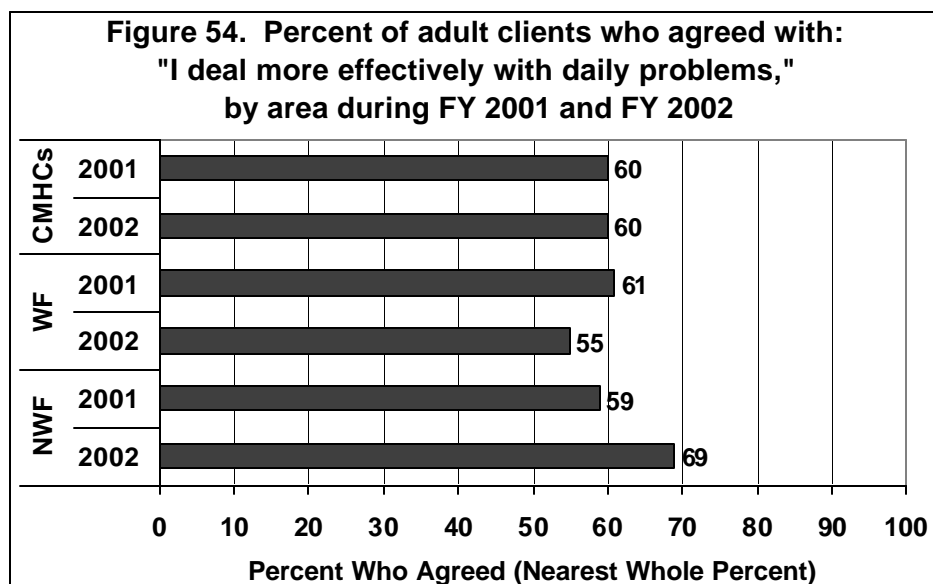
Figure 49 above shows that the SPMI population had the most favorable *measured outcomes*. An examination of *perceived outcomes* from SPMI and non SPMI adults for FY 2002 reveals an opposite pattern. In Figure 53, much larger proportions of non SPMI adult clients were positive about outcomes than SPMI clients, statewide and in both regions. Statewide non SPMI clients were 16 percent more positive than SPMI clients, while in both regions,



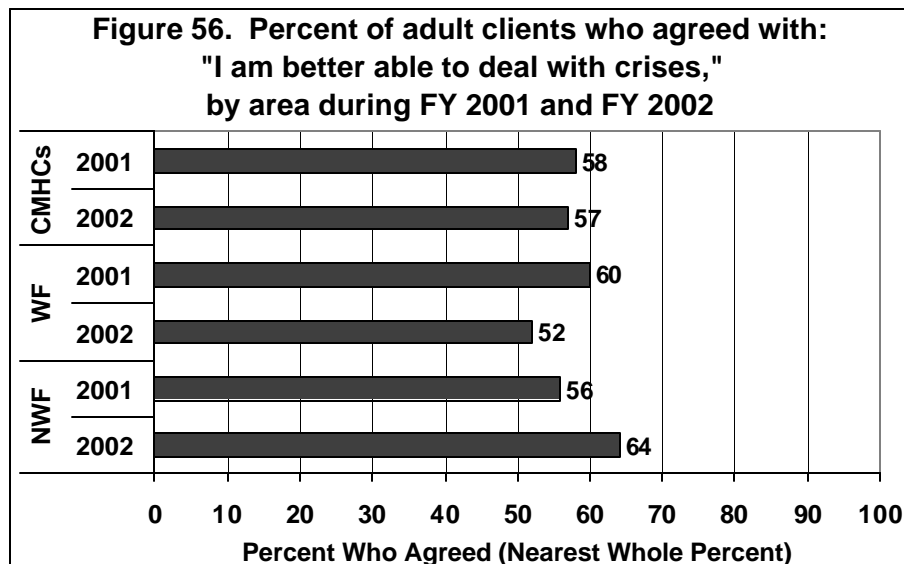
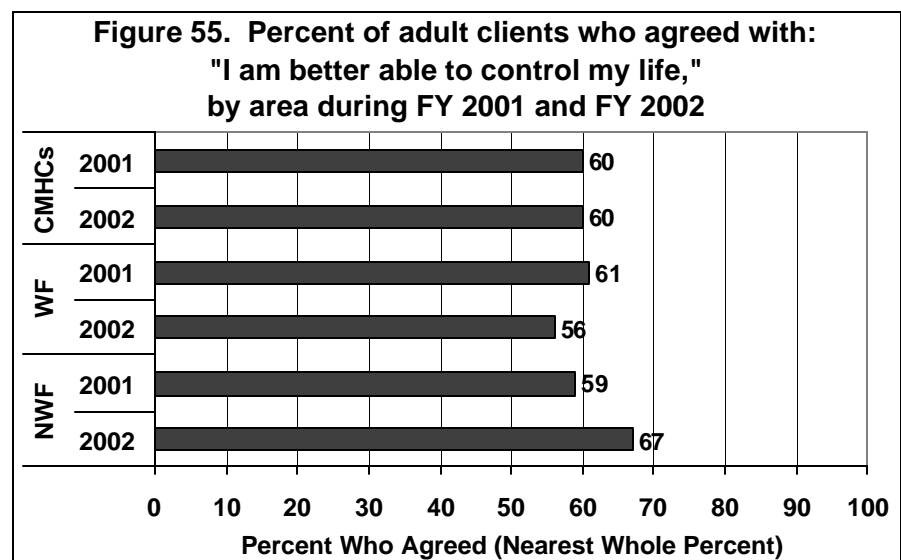
non SPMI clients were 11 and 22 percent more positive. The largest difference in perceived outcomes between SPMI and non SPMI clients was found in rural NWF areas. By definition, the mental illnesses of SPMI clients are more severe and persistent than those of non SPMI clients. Consequently, SPMI clients might be expected to be less positive in their perception of outcomes. For both SPMI and non SPMI clients, the average positive responses for the outcomes domain are higher among NWF clients than among WF clients. Fifty-two percent of SPMI clients in NWF areas had average positive responses in the outcomes domain, six percent higher than their counterparts from along the WF. Seventy-four percent of non SPMI clients in rural NWF CMHCs had average positive responses for the outcomes domain statements, 17 percent higher than their counterparts along the WF.

Individual statement results

Statewide during both years, 60 percent of adult clients thought that they dealt more effectively with daily problems because of their treatment at the CMHCs (Figure 54). Differences exist between regions and years in the percent of positive responses given by clients. WF responses were more positive during FY 2001, and non Wasatch responses were more positive during FY 2002.

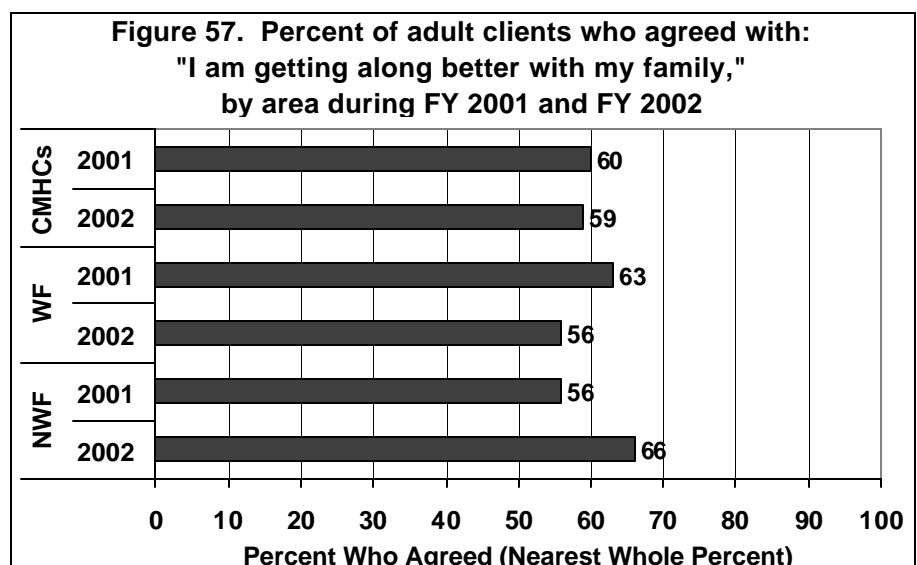


Statewide during both years, 60 percent of the respondents thought that they were better able to control their lives after treatment (Figure 55). Differences exist between regions and years in the responses given by clients. WF clients were more positive during FY 2001, and non Wasatch clients were more positive during FY 2002.

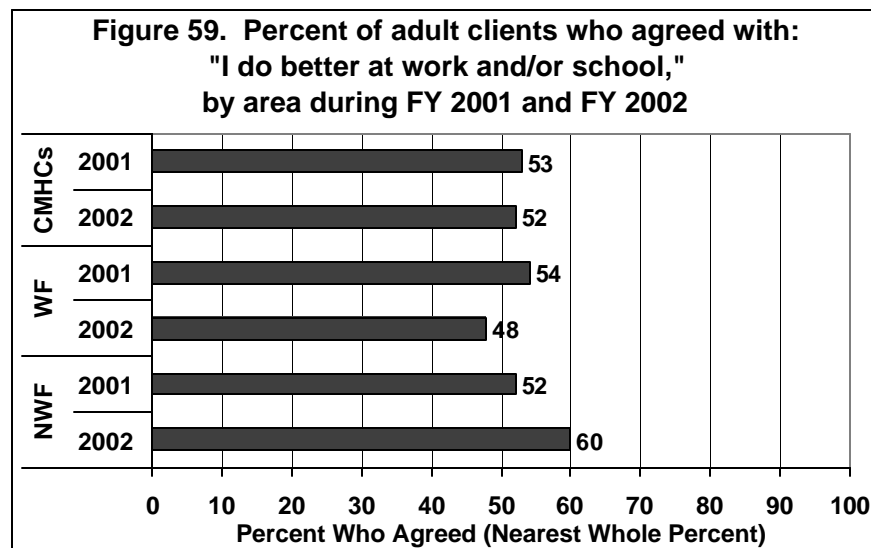
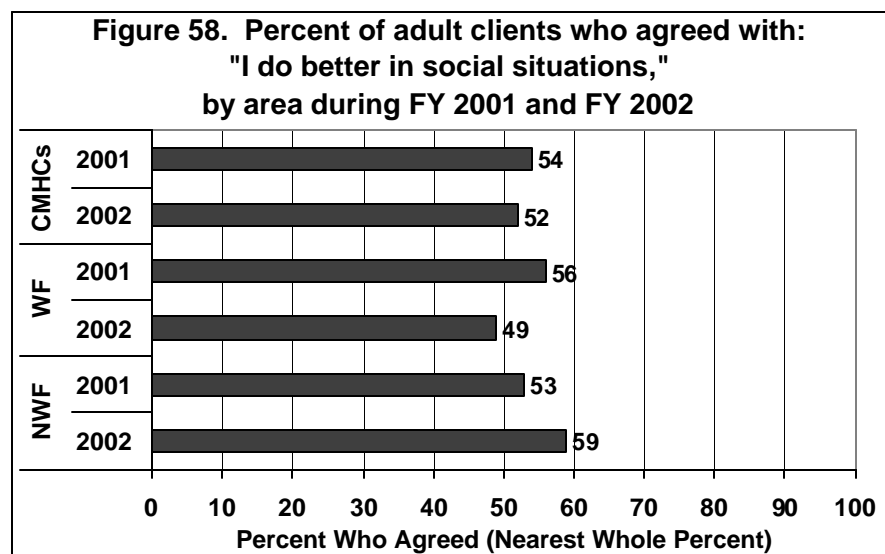


Statewide over both years, 57-58 percent of clients thought that they were better able to deal with crises (Figure 56). Positive responses along the WF were higher during FY 2001. Positive responses were higher in the rural areas during FY 2002.

Figure 57 shows that, statewide over both years, 59-60 percent of adult clients were getting along better with their families. Positive responses along the WF were higher during FY 2001. Positive responses were higher in NWF areas during FY 2002.

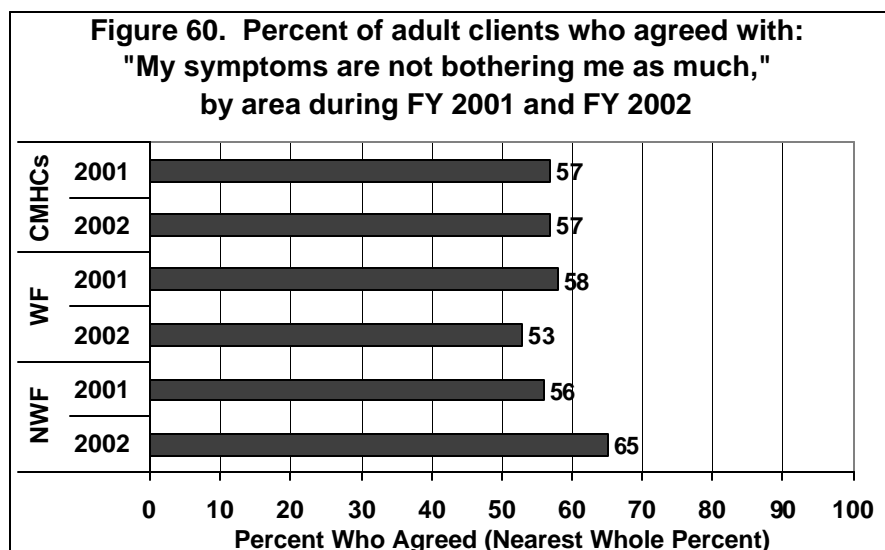


Statewide, 52-54 percent of clients thought that they did better in social situations during the two years (Figure 58). Again, responses were more positive during FY 2001 than in FY 2002 along the WF. Positive responses were higher in NWF areas during FY 2002.

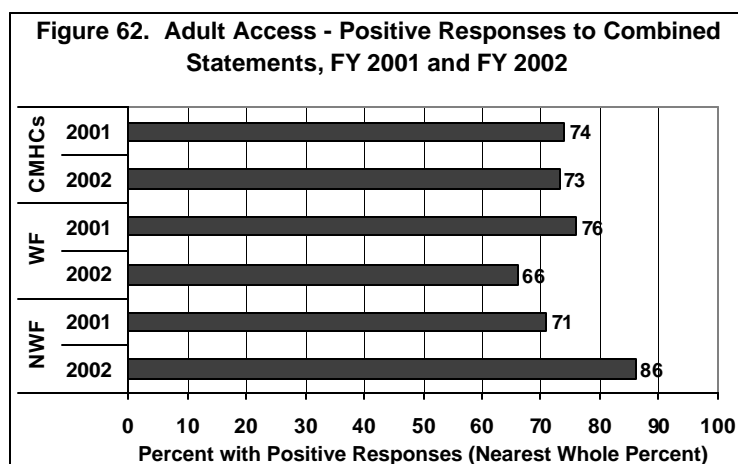
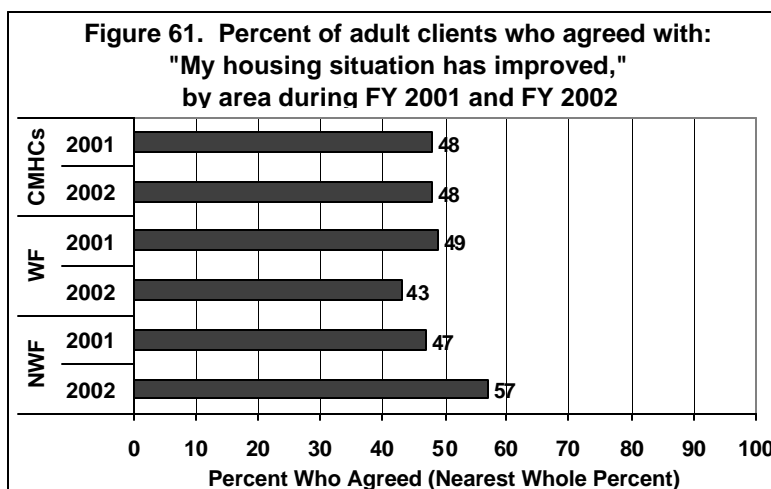


Statewide, 52-53 percent of clients thought that they did better working and/or school (Figure 59). There were more positive responses along the WF during FY 2001 than in FY 2002. Again, responses were more positive in the rural region during FY 2002.

Statewide during both years, 57 percent of responding adult clients believed that their symptoms were not bothering them as much (Figure 60). Clients from WF CMHCs were more positive during FY 2001 than in FY 2002. Responses from rural region clients were more positive during FY 2002.



Statewide during both years, 48 percent thought that their housing situation had improved (Figure 61). WF responses were more positive during FY 2001. Clients in NWF areas were more positive during FY 2002.



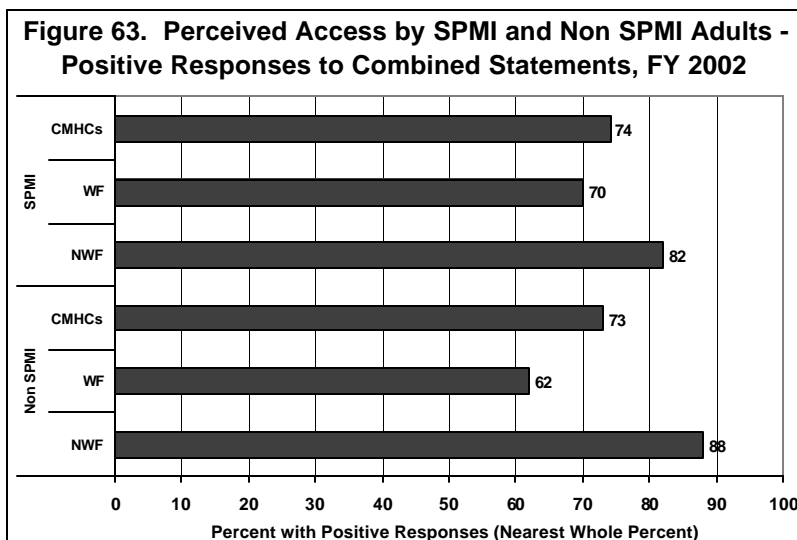
Access

Domain Results

Almost three-quarters of responding adult clients statewide during both years responded positively to overall access that they had at Utah CMHCs (Figure 62). WF responses were more positive during FY 2001, and NWF responses were more positive during FY 2002. The 15 percent increase between the two years in NWF areas was larger than the 10 percent decrease along the WF.

Statewide, perception of access to care was very similar between SPMI and non SPMI adults with 74 and 73 percent providing positive responses during FY 2002 (Figure 63). However, along the WF, SPMI respondents were more positive about their access to treatment than non SPMI, with an eight percent difference. The reverse is true in rural NWF areas with non SPMI clients having positive responses to access of 88 percent, six percent higher than SPMI clients at these CMHCs.

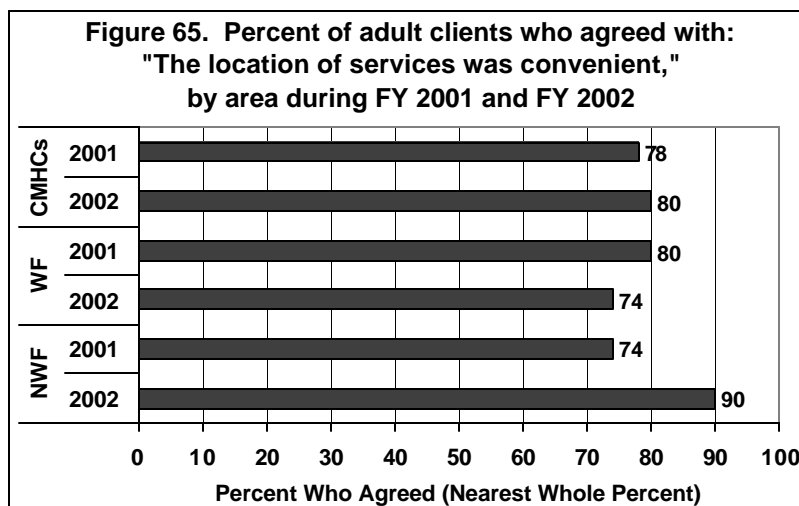
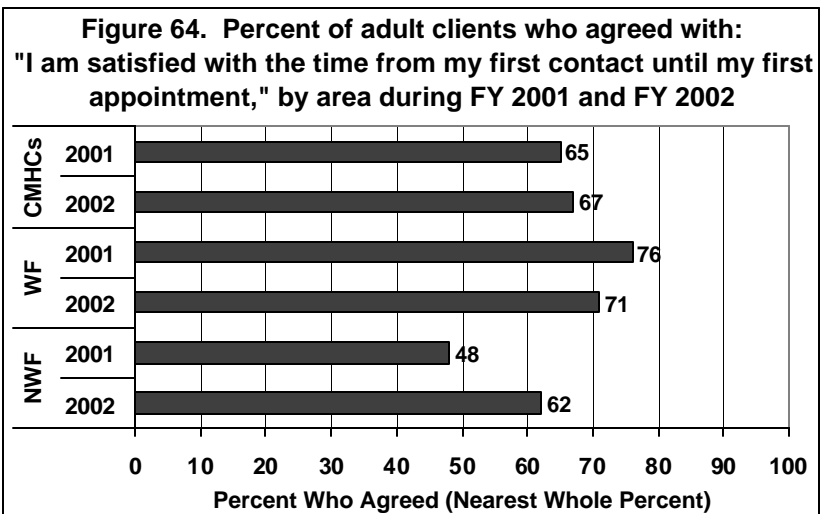
Among the SPMI, rural SPMI clients had 82 percent with average positive agreement for access, 12 percent higher than WF SPMI clients. For non SPMI clients the difference was even larger. Eighty-eight percent of non SPMI clients from rural areas had average positive responses to the combined statements for the access domain, 26 percent higher than non SPMI clients from WF areas.



Individual statement results

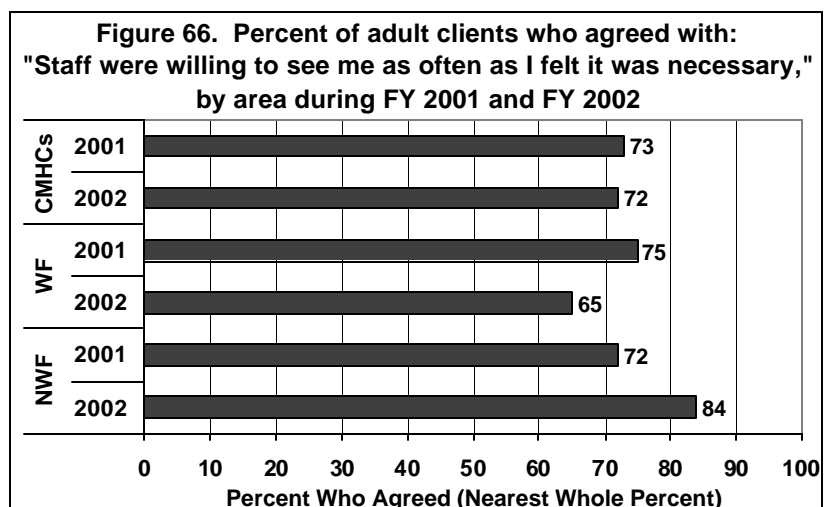
“I am satisfied with the time from my first contact until my first appointment,” was the first access question considered in the adult survey. Or can a potential client see someone at the center for help in a timely manner? About two-thirds of clients statewide were satisfied with the amount of time it took from their first contact for mental health services until their first appointment (Figure 64). Clients at

WF CMHCs were more satisfied with the amount of time than clients at rural NWF centers. Satisfaction with time to the first appointment decreased along the WF from one year to the next. During FY 2001, only 48 percent of rural clients were satisfied with the amount of time it took from first contact to first appointment. By the next year, satisfaction had increased to 62 percent among clients at these centers.

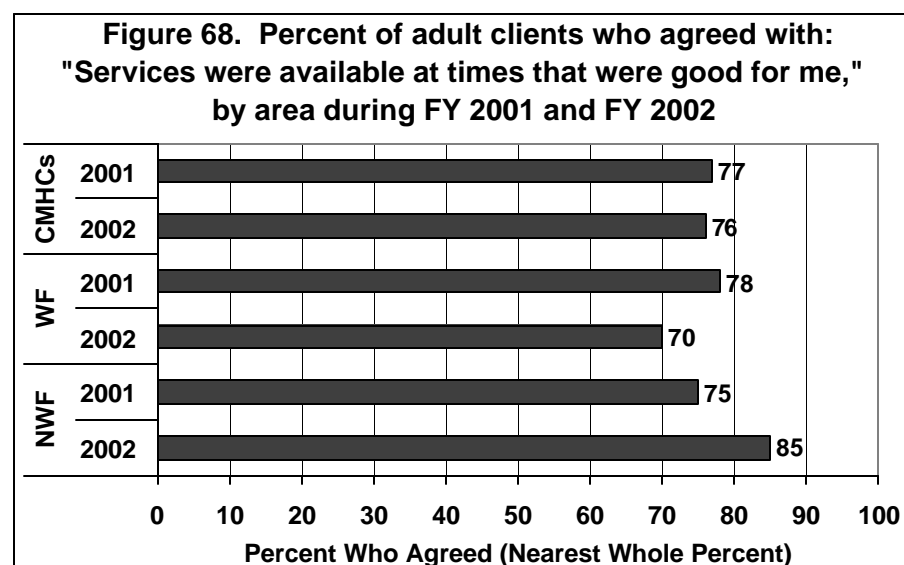
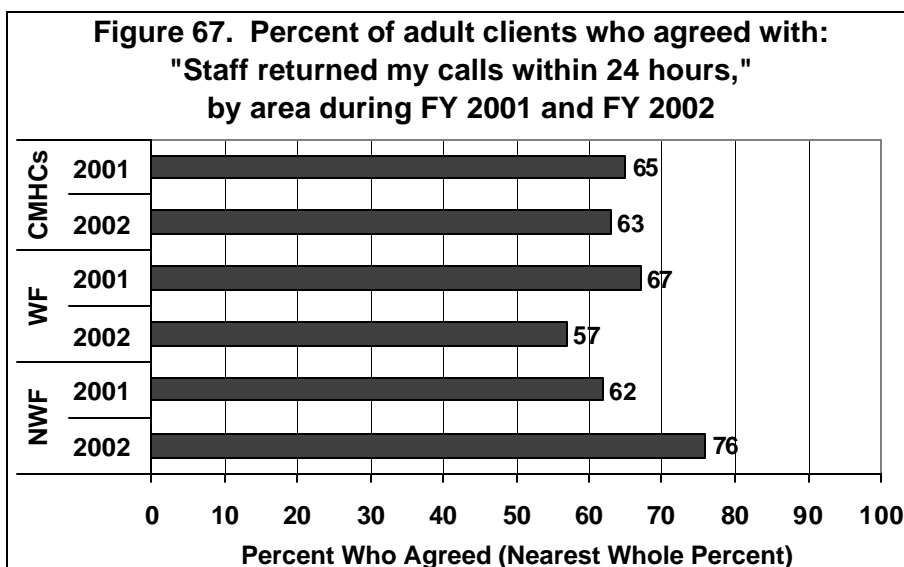


From 78 to 80 percent of adult clients agreed statewide that the location of services was convenient for them during FY 2001 and 2002 (Figure 65). WF clients had a decrease of six percent in positive responses from one year to the next. In contrast, NWF clients had a 16 percent jump in agreement from 74 to 90 percent.

Figure 66 shows that during the two years, 73 and 72 percent of adult clients agreed “staff were willing to see me as often as I felt was necessary.” WF clients had a 10 percent decrease in agreement from one year to the next. NWF clients had an increase of 12 percent in agreement with the statement.



During the two years statewide, 65 and 63 percent of adult clients believed that staff returned their calls within 24 hours (Figure 67). From one year to the next in WF CMHCs, agreement with the statement decreased by 10 percent. There was a 14 percent increase over the same time in rural areas reaching 76 percent agreement in FY 2002.



Over three-quarters of adult clients thought that services were available at times good for them (Figure 68). Agreement decreased by eight percent for WF centers between the two years. For NWF centers, agreement increased to 85 percent in FY 2002, a 10 percent increase.

For the two years statewide, about two-thirds (66 and 65 percent) believed that they were able to get the services they thought they needed (Figure 69). Between years, agreement decreased by 12 percent along the WF, and agreement jumped by 17 percent among non Wasatch CMHCs.

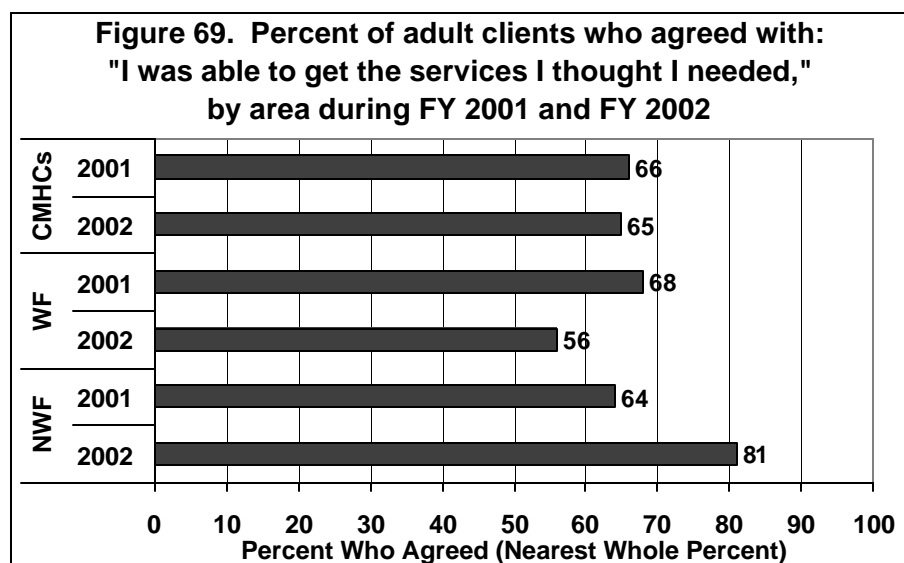
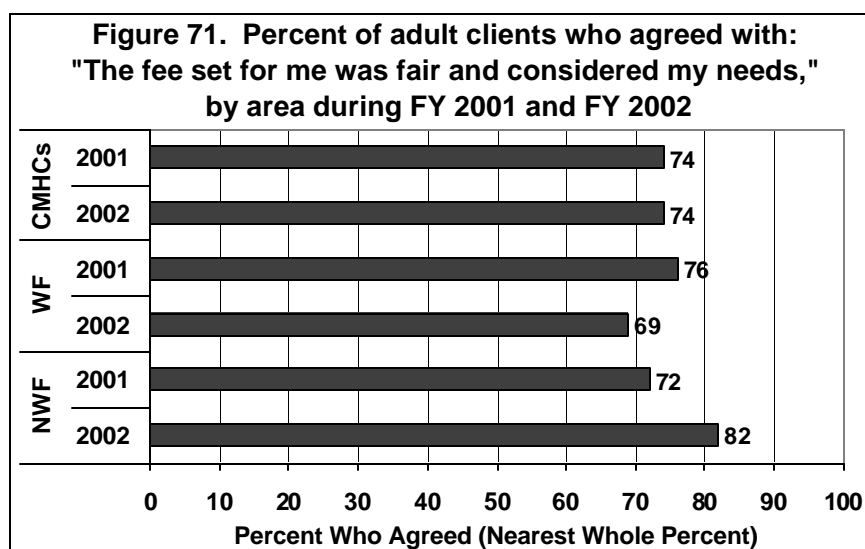
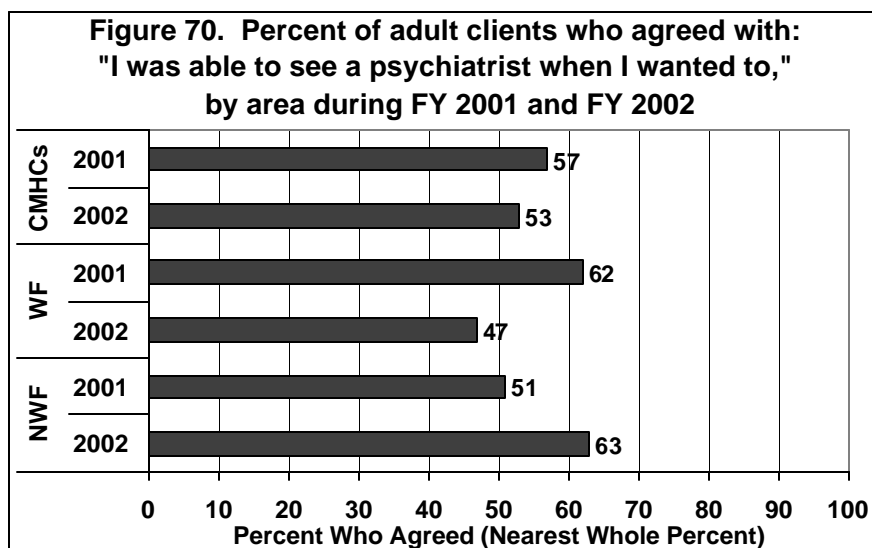


Figure 70 shows that for all CMHCs, agreement decreased between years by four percent (57 to 53) in responding to the statement “I was able to see a psychiatrist when I wanted to.” Again WF and NWF centers show reverse trends between years. The urban front centers showed a decrease of 15 percent in agreement, while the rural centers showed an increase of 12 percent.

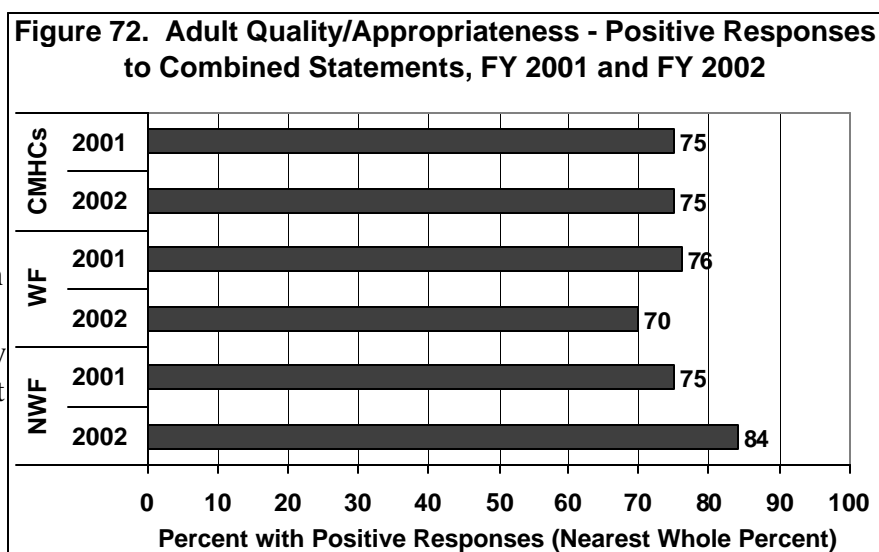


Both years statewide, 74 percent of adult clients agreed that the fees set for them were fair and considered their needs (Figure 71). A seven percent decrease in agreement occurred for WF clients. Clients in the rural areas showed a 10 percent increase to 82 percent.

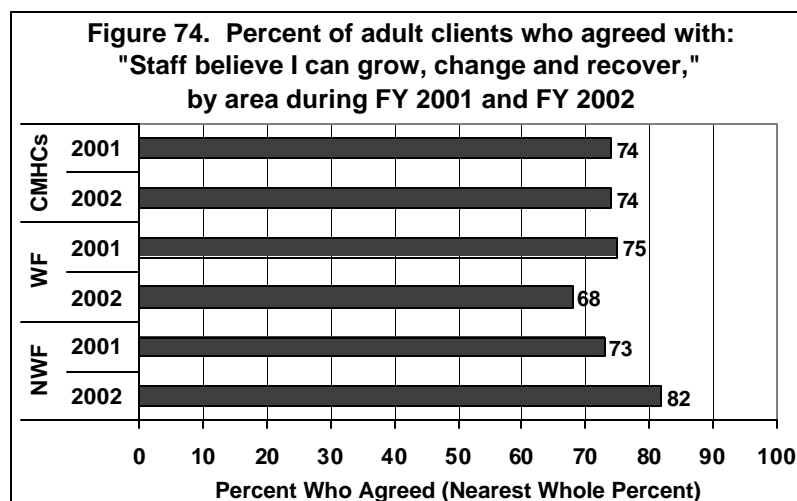
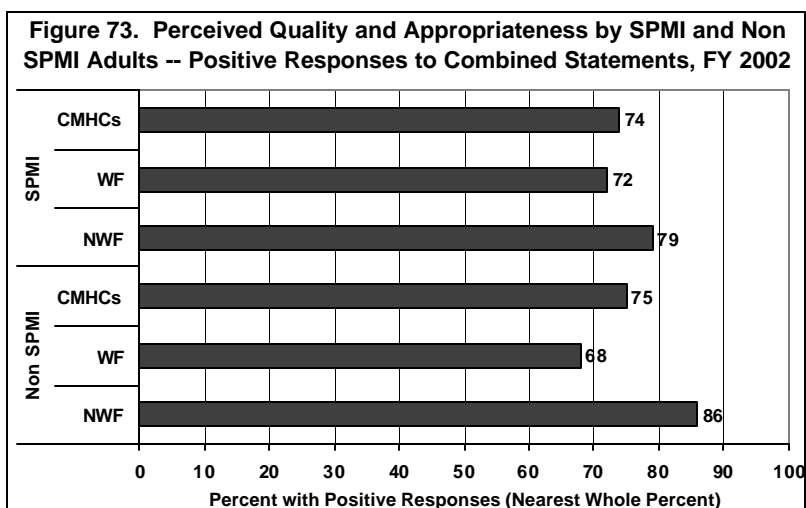
Quality and Appropriateness

Domain Results

Three-quarters of the adult clients statewide during both years provided positive average responses to the domain of quality and appropriateness of services at the public Community Mental Health Centers (Figure 72). WF center clients showed a six percent decrease in average positive responses from FY 2001 to FY 2002. The rural center clients had an increase to 84 percent in FY 2002, up nine percent from the previous year.



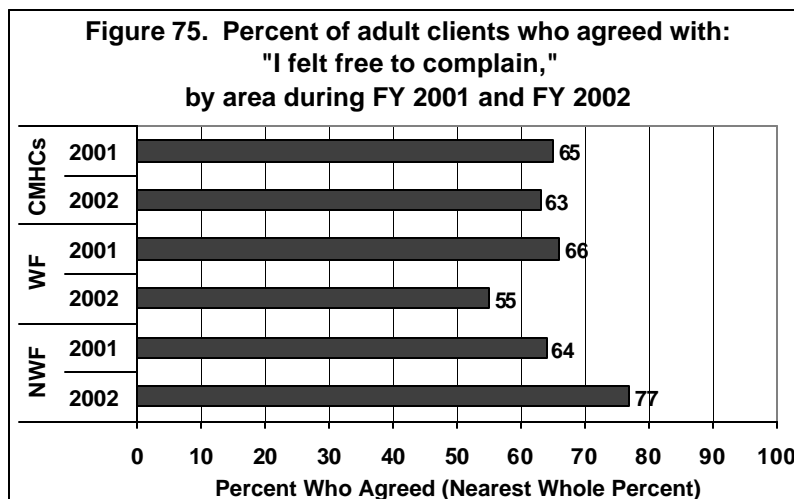
Statewide, about three-quarters of both SPMI (74 percent) and non SPMI (75 percent) adults provided average positive responses in the domain of quality and appropriateness during FY 2002 (Figure 73). Along the WF, 72 percent of SPMI adult clients provided average positive responses in this domain, while 68 percent of non SPMI adults in this area had positive average responses. For NWF SPMI adult clients, 79 percent responded positively to the quality and appropriateness domain, while 86 percent of the non SPMI adult clients in these rural areas responded positively. Comparison of SPMI clients shows that NWF SPMI clients were seven percent higher in positive responses in this domain than WF SPMI clients. For non SPMI clients, the difference in positive responses was much larger, with the rural non SPMI clients having 86 percent average positive responses, 18 percent higher than WF non SPMI clients.



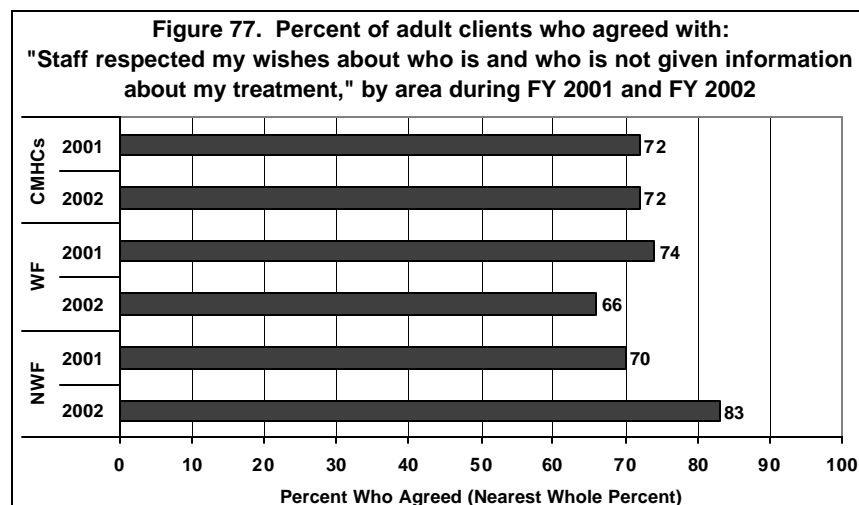
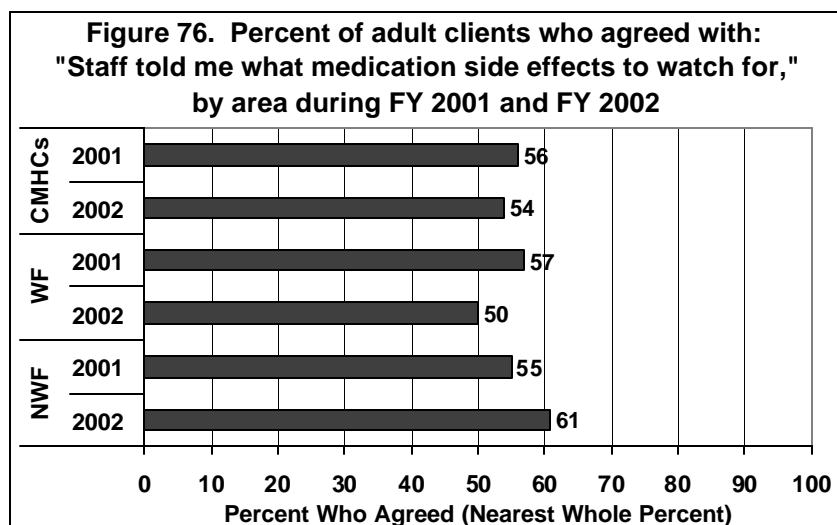
Individual statement results

Seventy four percent of respondents statewide agreed in both FY 2001 and FY 2002 that, "staff believe I can grow, change and recover" (Figure 74). WF clients had a seven percent decrease in agreement with the statement between years, while clients in rural NWF areas had a nine percent increase in agreement.

Sixty-five and 63 percent of clients statewide felt free to complain during the two years (Figure 75). WF clients had an 11 percent decrease in agreement between the two years, while there was a 13 percent increase to 77 percent for rural clients during the second year.

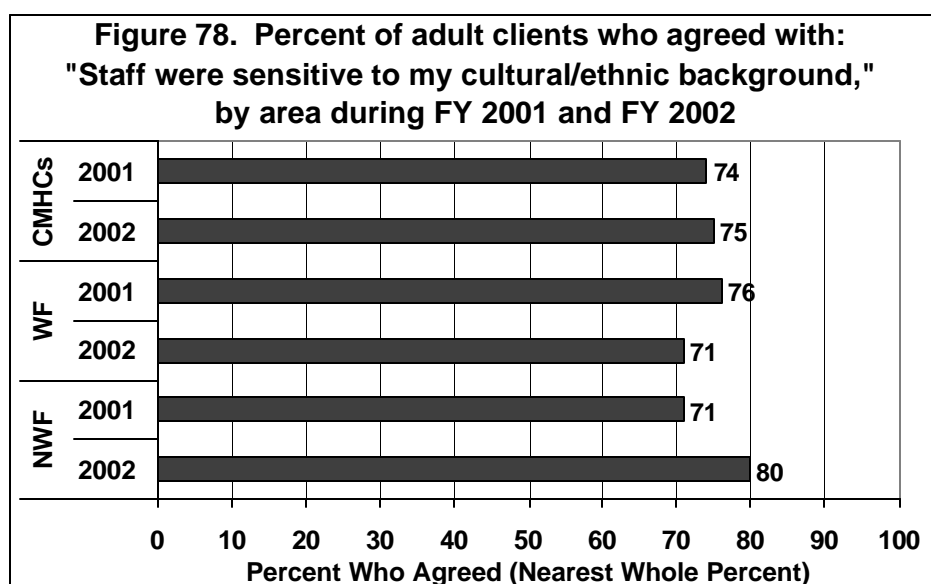


Only 56 and 54 percent of adult clients agreed with “staff told me what medication side effects to watch for” during the two years at all CMHCs (Figure 76). Again, differences were found between the two regions with decreased agreement along the WF and increased agreement in other areas of the state. This important part of treatment had the lowest percents of client agreement of all the quality/appropriateness domain statements.



Statewide during both years, 72 percent of clients believed that staff respected their wishes about who was given information about their treatment (Figure 77). Agreement decreased by eight percent among WF clients between years, while agreement increased by 13 percent among clients elsewhere in the state.

Across the state, about three-quarters of responding adult clients agreed that, “Staff were sensitive to my cultural/ethnic background” (Figure 78). Along the WF, client agreement decreased by five percent during the two years. There was a nine percent increase in agreement to 80 percent in the non Wasatch rural areas.



During the two years, 72-73 percent of clients responding from all CMHCs agreed that staff helped them obtain information needed so that they could take charge of managing their illnesses or problems (Figure 79). Again, differences existed between clients in the two regions of the state being examined. Agreement decreased by three percent along the WF and increased by three percent among clients in other areas of the state.

Figure 79. Percent of adult clients who agreed with: "Staff helped me obtain the information needed so I could take charge of managing my illness or problem," by area during FY 2001 and FY 2002

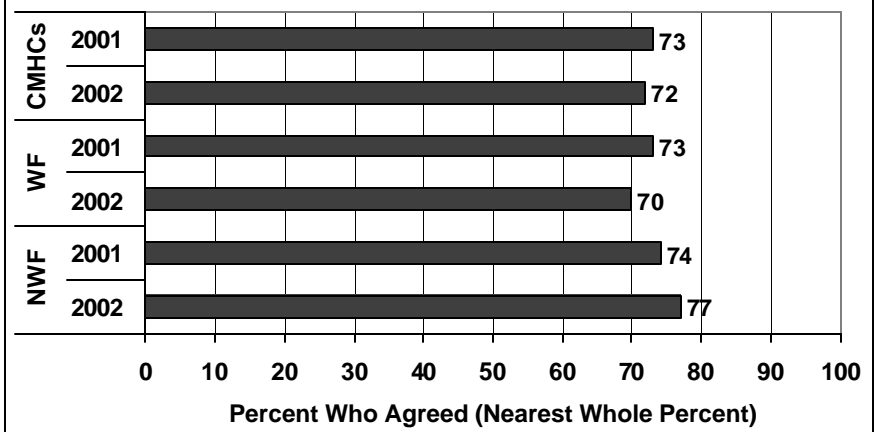


Figure 80. Percent of adult clients who agreed with: "I was encouraged to use self help groups," by area during FY 2001 and FY 2002

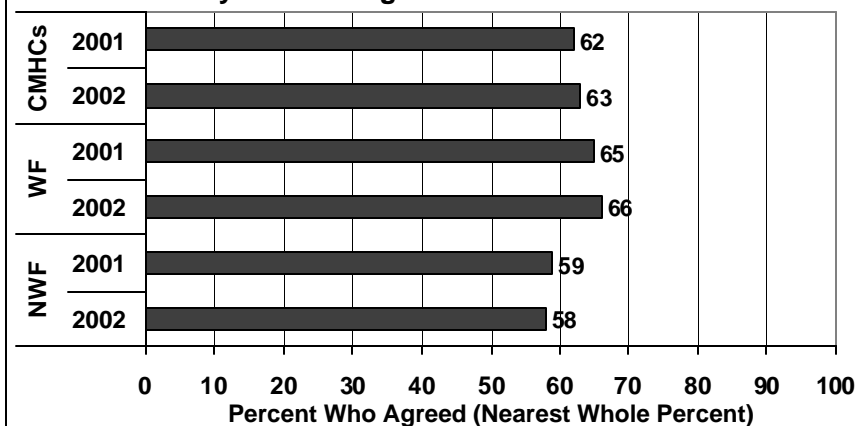
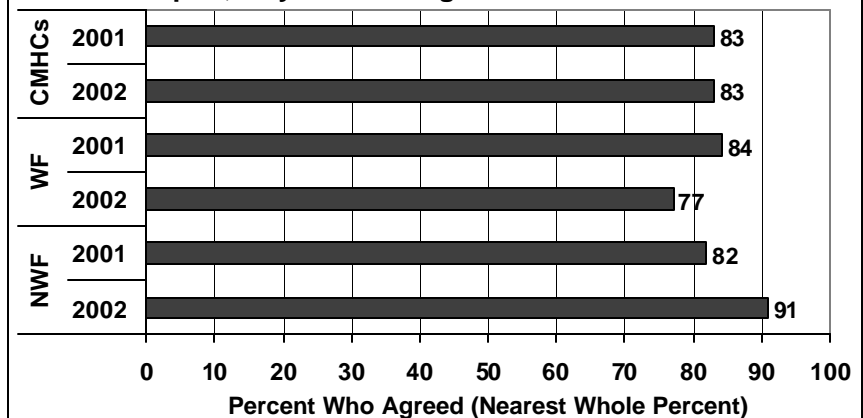


Figure 80 reveals that 62 and 63 percent of clients statewide perceived that they were encouraged to use self help groups during FY 2001 and FY 2002. Clients of WF Centers had six to eight percent higher agreement than clients at NWF Centers.

Figure 81 shows a statement with consistently high agreement by clients from year to year, "The secretaries and receptionists have been pleasant and helpful." Eighty three percent of adult clients agreed with this statement during both years. However, clients at CMHCs along the WF showed a decrease in agreement from 84 to 77 percent, a seven percent drop. In contrast, agreement by clients in other areas of the state increased to 91 percent during FY 2002, up nine percent from the previous year.

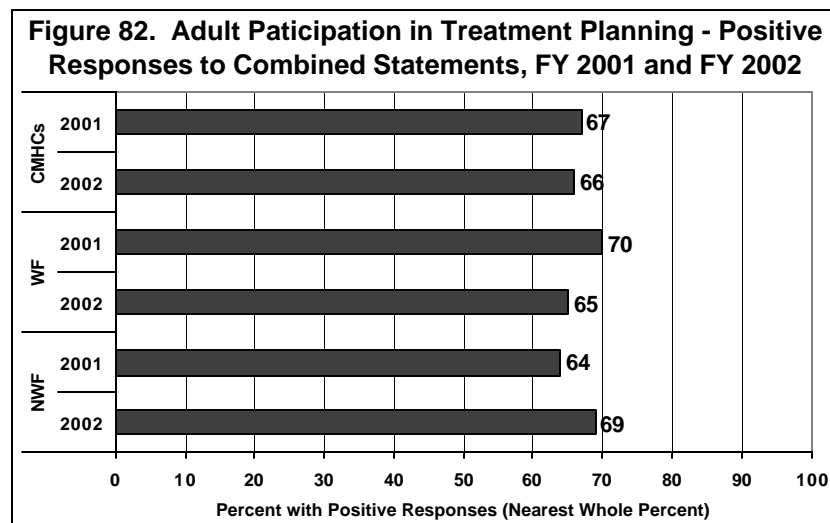
Figure 81. Percent of adult clients who agreed with: "The secretaries and receptionists have been pleasant and helpful," by area during FY 2001 and FY 2002



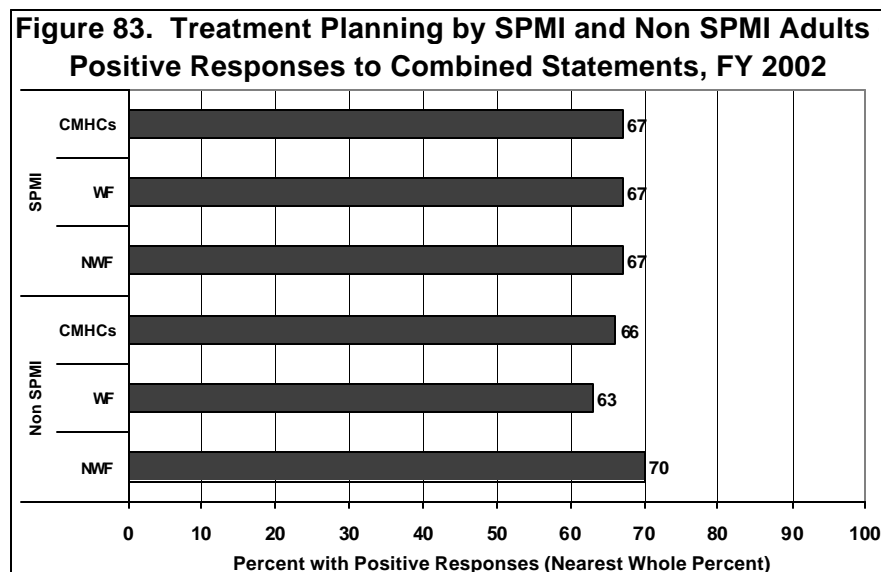
Participation in Treatment Planning

Domain Results

Sixty-seven and 66 percent of adult clients responded positively to the statements in this domain, participation in treatment planning at public Community Mental Health Centers throughout Utah during the two MHSIP survey years (Figure 82). Clients from the two regions provided offsetting responses. Clients along the WF showed a five percent decrease in agreement, while clients from the rest of the state had a five percent increase in agreement.



During FY 2002, as shown in Figure 83, SPMI clients and non SPMI clients had only one percent difference in the average percent with positive responses for the participation in treatment planning domain. About two-thirds of each group responding positively. Along the WF, sixty-seven percent of SPMI clients responded positively, while a slightly smaller 63 percent of non SPMI Wasatch clients responded positively. In NWF areas of the state, 67 percent of SPMI clients responded positively compared to 70 percent of non SPMI clients. Among SPMI clients, the average positive responses (rounded to the nearest whole percent) from WF clients and NWF clients were identical. Among non SPMI clients, responses coming from rural areas were more positive than WF areas, by seven percent.



Individual statement results

Statewide during both years, about two-thirds of the adult clients agreed with the statement “I, not staff, decided my treatment goals” (Figure 84). For WF clients, agreement decreased by five percent from the first to the second year, from 70 to 65 percent. For NWF clients, there was a five percent increase in agreement from 64 to 69 percent.

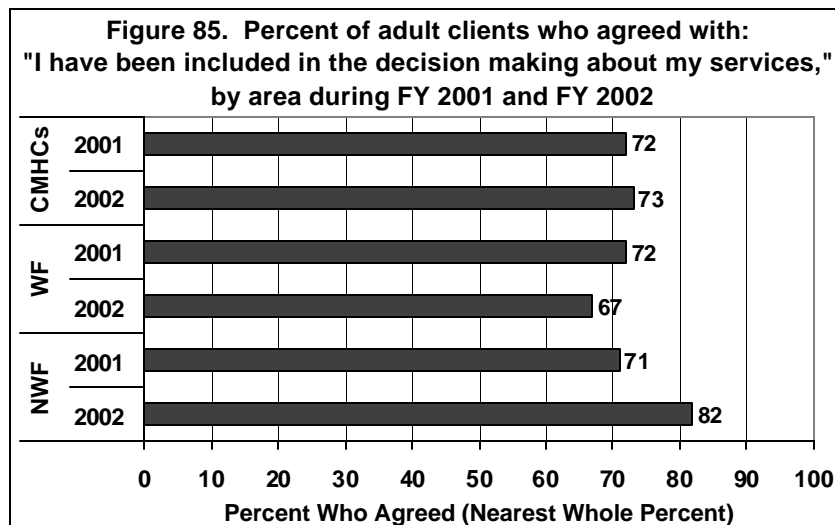
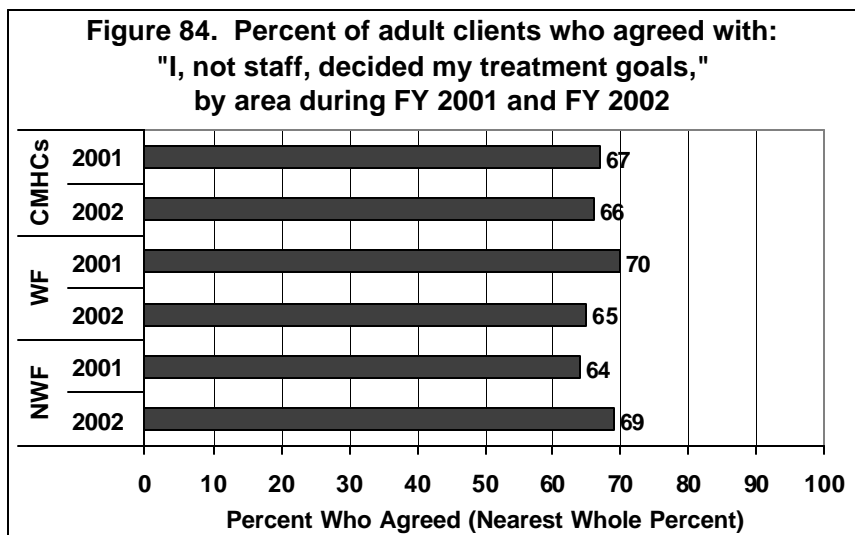
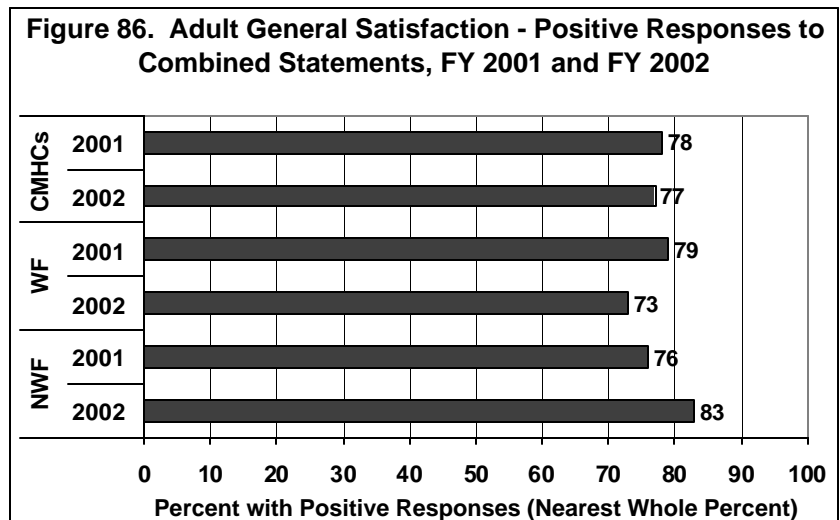


Figure 85 shows that 72-73 percent of adult clients during both years agreed with the statement “I have been included in the decision making about my services.” Again, changes in proportions of clients agreeing with the statement in the survey existed between the two regions from one year to the next. WF clients showed a five percent decrease in agreement, while NWF clients showed an 11 percent increase in agreement with the statement.

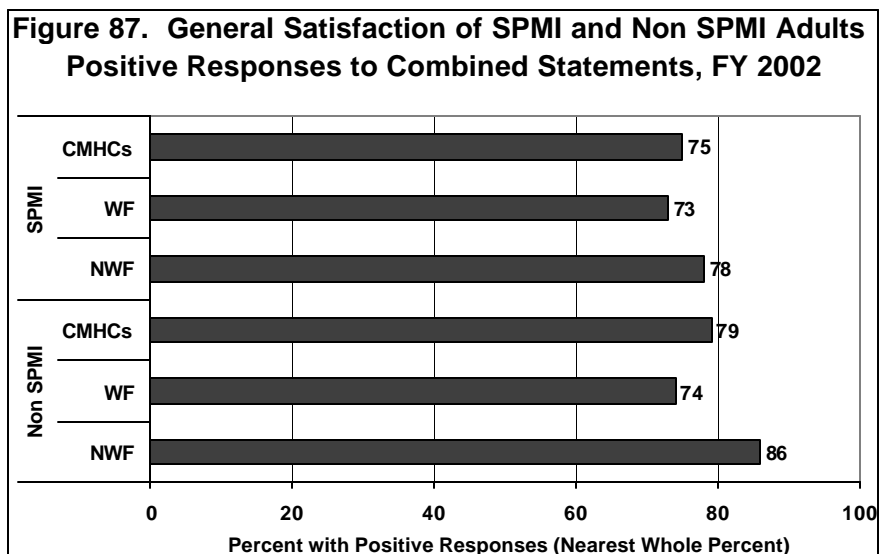
General Satisfaction

Domain Results

Over three-quarters of adult clients responded positively to the statements in the general satisfaction domain (Figure 86). Average positive responses decreased by six percent along the WF from FY 2001 to FY 2002. Average positive responses to general satisfaction domain statements increased by seven percent among clients in rural NWF areas.

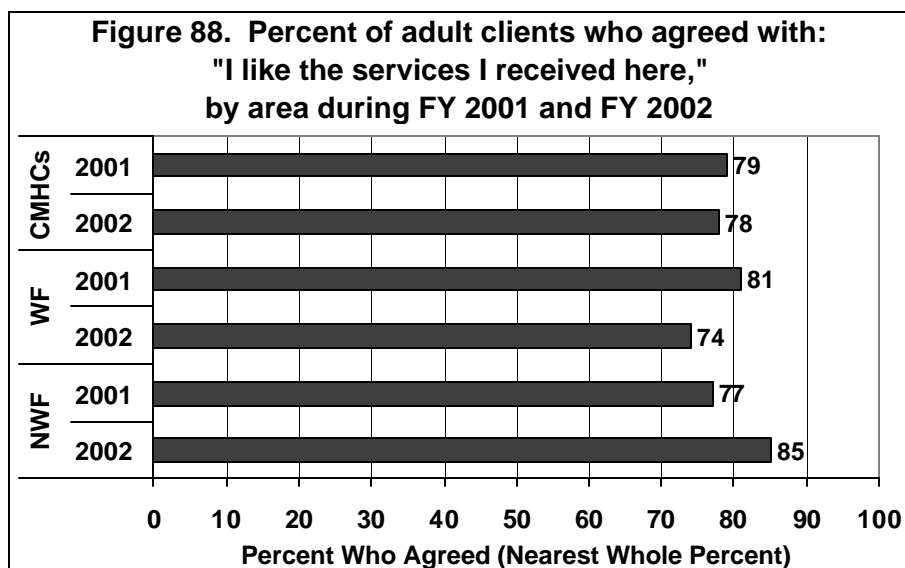


During FY 2002, as shown in Figure 87, SPMI clients had lower percents of average positive responses statewide than non SPMI clients (75 vs. 79 percent). Along the WF, percents of positive responses were almost the same for SPMI and non SPMI clients. In rural NWF areas, 86 percent of non SPMI clients had average positive responses in the general satisfaction domain, eight percent higher than SPMI clients in the same areas. For both SPMI and non SPMI clients, the percents of average positive responses to statements in the general satisfaction domain were higher in NWF areas. For SPMI clients the average positive responses to general satisfaction statements were five percent higher for NWF clients. Non SPMI clients in NWF areas had average positive responses to the general satisfaction statements that were 12 percent higher than those of their counterparts along the WF region.

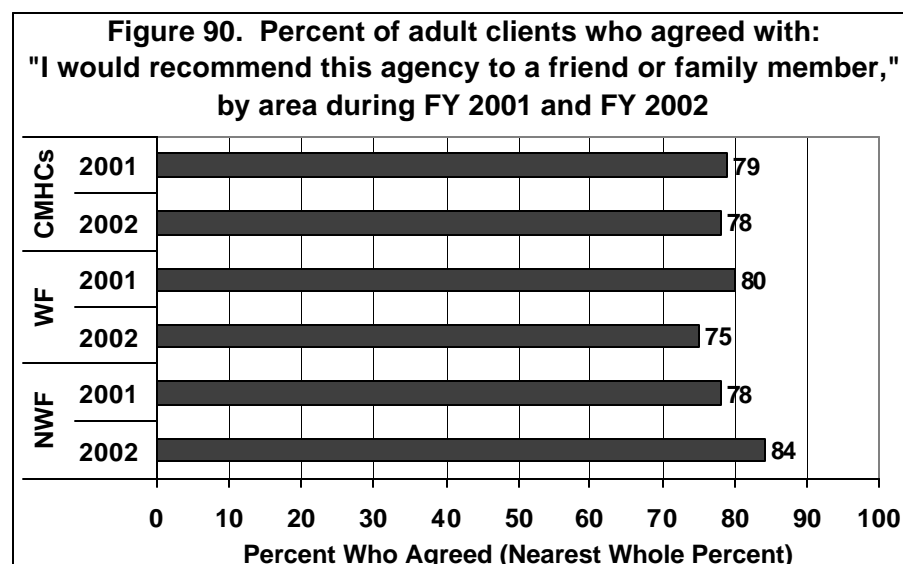
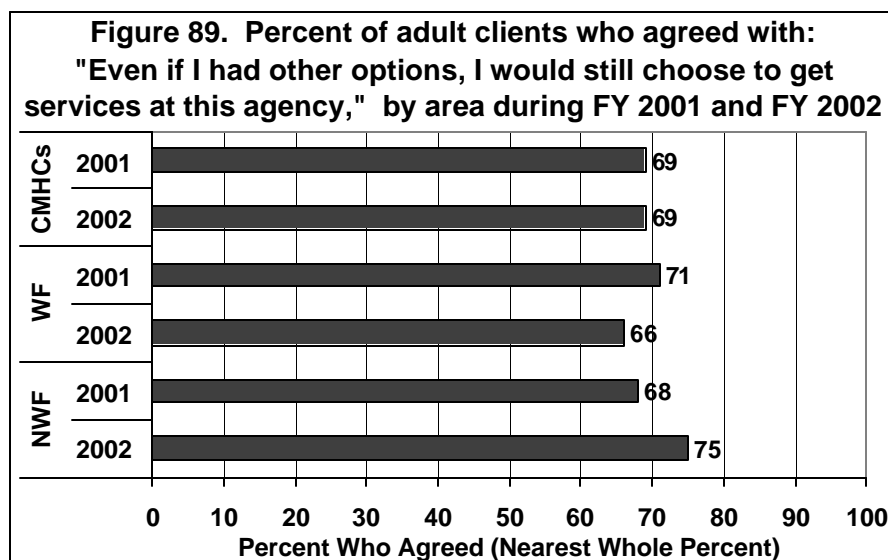


Individual statement results

Seventy-nine and 78 percent statewide agreed that they liked the services received at the public Community Mental Health Centers in Utah during FY 2001 and FY 2002 (Figure 88). For clients along the WF, agreement with this statement decreased from 81 to 74 percent over the two years. For clients elsewhere in the state, agreement to the statement increased to 85 percent in FY 2002, an eight percent increase from the previous year.



During both FY 2001 and FY 2002, 69 percent of clients statewide agreed, “Even if I had other options, I would still choose to get services at this agency” (Figure 89). Agreement with this statement by WF clients decreased from 71 to 66 percent from the first year to the next. For NWF clients, agreement increased to 75 percent, a seven percent increase.



Statewide during the two years, 79 and 78 percent of responding adult clients would recommend the CMHC to a friend or family member (Figure 90). Among WF clients, agreement decreased from 80 to 75 percent from FY 2001 to FY 2002. Between the same two years clients in NWF areas increased their agreement from 78 to 84 percent.

General Conclusions

In the five domains, average positive responses were lowest for outcomes, while average positive responses were highest in the general satisfaction domain. Therefore, clients may not perceive outcomes positively but may still be satisfied overall with the services provided. Generally, SPMI clients had lower average positive responses in the outcomes domain than non SPMI clients. By definition, mental illnesses of SPMI clients are more severe and persistent than those of non SPMI clients. Perceptions of outcomes can be affected.

Generally in all domains, the average responses given by SPMI clients were not as positive as responses by non SPMI clients. Non SPMI clients in non Wasatch CMHCs had the most positive average responses in the domains. Generally, agreement with statements by WF clients decreased from FY 2001 to FY 2002, and agreement with statements by NWF clients increased from the first to the second year.

Chapter 5

Parent and Youth

Service Satisfaction

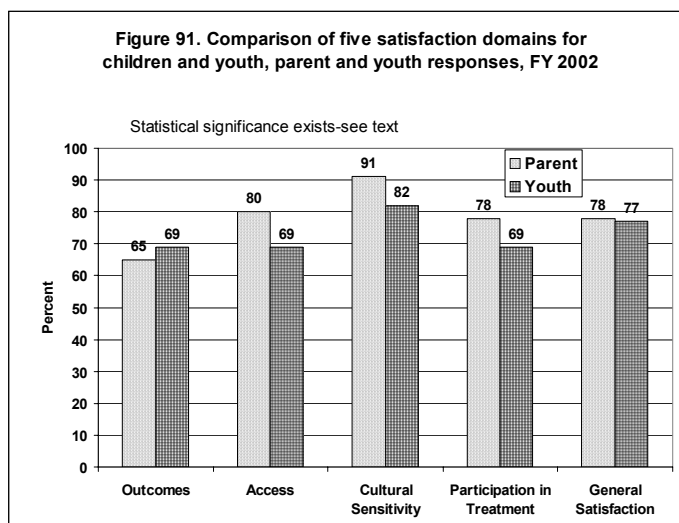
Introduction

This section is about perceptions or satisfaction with services from the perspective of both parents of all-age children and youth 12-17 years of age. Data were collected from persons at intake and about two months later, usually by mail but in some cases in the program or clinic. The instrument is a standardized one that has been adopted by many states. It was developed as part of the Mental Health Statistics Improvement Program and a grant from the U.S. Center for Mental Health Services on performance indicators. It is expected that this instrument or a derivative of it will be adopted by all the states as part of the Federal Block Grant requirements.

There are 25 statements to which respondents were asked to rate their level of agreement as follows: *strongly agree*, *agree*, *undecided*, *disagree*, and *strongly disagree*. For simplicity of presentation we combined the strongly agree and agree responses and show the percent that agreed. Questions fall into the domains of outcomes, access, cultural sensitivity, participation in treatment, and general satisfaction. The latter domain also includes several questions on quality and appropriateness. Domain percents were calculated a little differently than individual questions in order to be comparable with methods followed in other states. Averages were calculated and then split into two parts, those whose average domain scores were positive (equivalent to strongly agree and agree) plus the upper half of the mid-level category. Thus, the positive domain percents average about 7 percent higher than the average of individual questions that combined strongly agree and agree.

Overall Domain Results

Figure 91 summarizes FY 2002 results for the five domains for parents and youth. Parents had higher percent agreement than youth in the domains of access, cultural sensitivity, and participation in treatment. Although parents and youth were somewhat similar in their percents on outcomes (65% vs. 69%) and general satisfaction (78% vs. 77%), the overall percent was higher in the general satisfaction domain than the outcomes domain. Other states that use this same instrument have also found agreement to be 10 to 15 percent lower on the outcomes domain than the other domains.



Outcomes

Domain

It is also apparent from Figure 91 above that only in the outcomes domain do youth exceed parents in their level of satisfaction. Figure 92 compares parents and youth by NWF and WF area by fiscal year. While youth had higher percents of overall satisfaction with outcomes than parents, one exception to the pattern occurred in the NWF area in FY 2002. In the latter case, parents were more satisfied with their child's outcome than were youth. Overall satisfaction with outcomes was higher in FY 2002 than in FY 2001 (i.e., 14% higher for parents, 13% higher for youth).

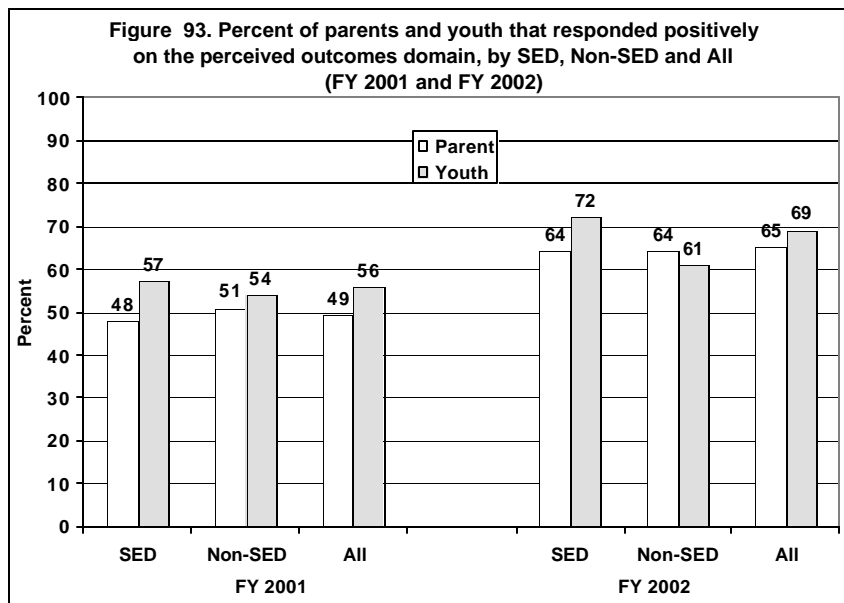
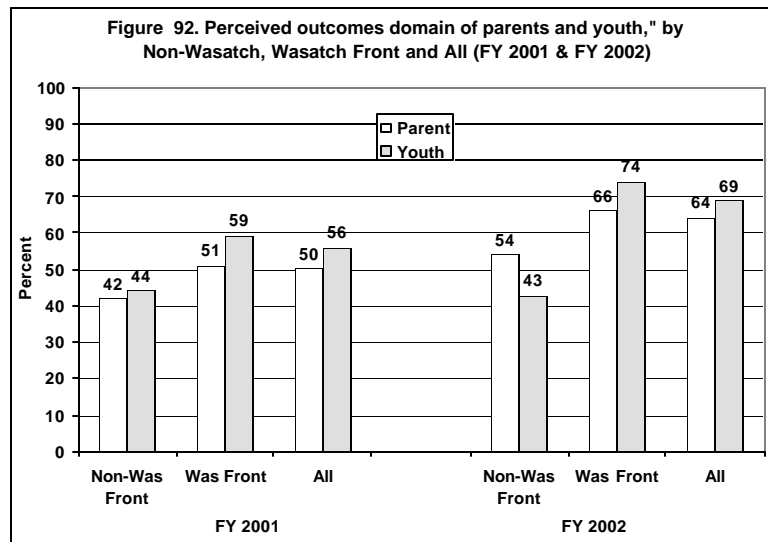
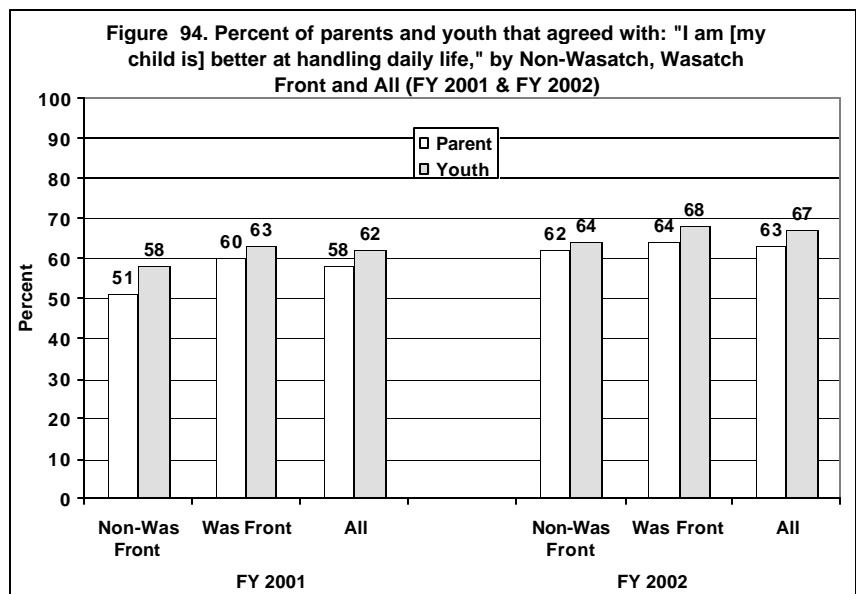


Figure 93 compares parents and youth perceptions of outcomes for FY 2001 and FY 2002 when holding constant the severity rating (child SED or Non-SED). There were larger differences in both years between SED youth and parents than existed between Non-SED youth and parents. Non-SED parents in FY 2002 had higher percent satisfaction than youth.

Individual Items

Figure 94 indicates that the level of satisfaction on the *handling daily life* statement is not substantially different (i.e., more than 4%) between parents and youth in three of four comparisons. However, the difference was higher between NWF youth and parents in FY 2001, favoring youth (+7%).



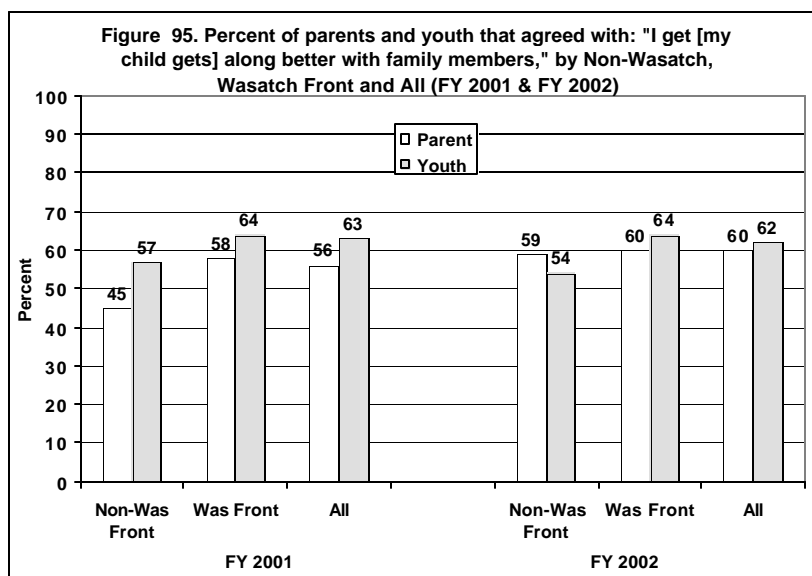
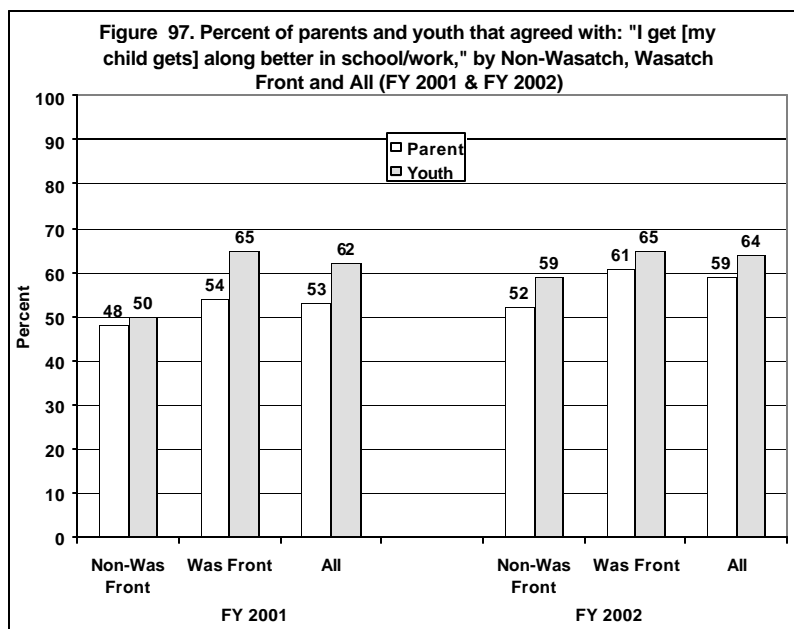
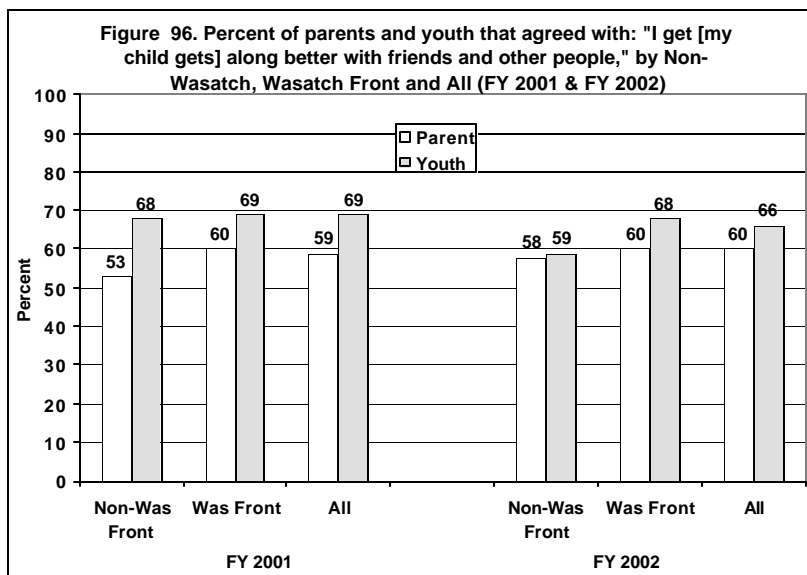
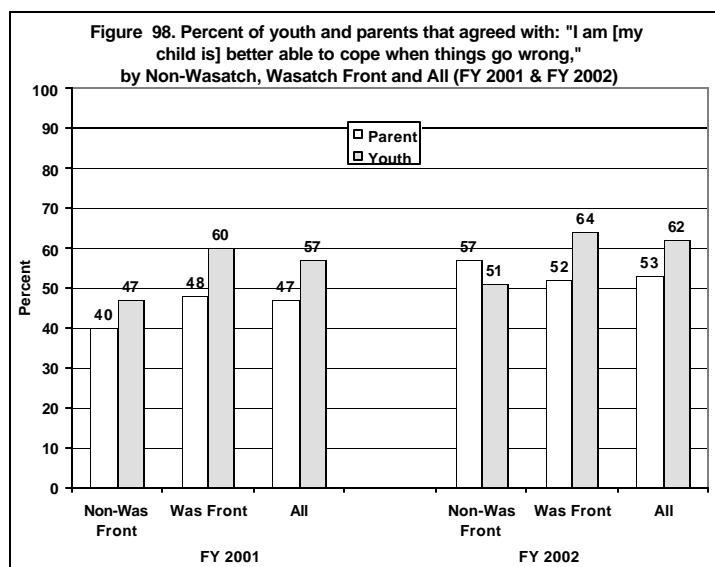


Figure 95 indicates that in FY 2001 parents were lower than youth in their percent of agreement with the statement about getting along *better with family members*. This was especially the case among parents in the NWF area where only 45 percent agreed with this statement. However, the opposite pattern existed in FY 2002 where NWF parents had the highest percent of agreement.

Figure 96 addresses the question of getting along *better with friends and other people*. With only one exception (NWF in FY 2002), a much higher percent of youth thought they had improved than did parents (8-15%). The difference was particularly large between NWF youth and parents in FY 2001.

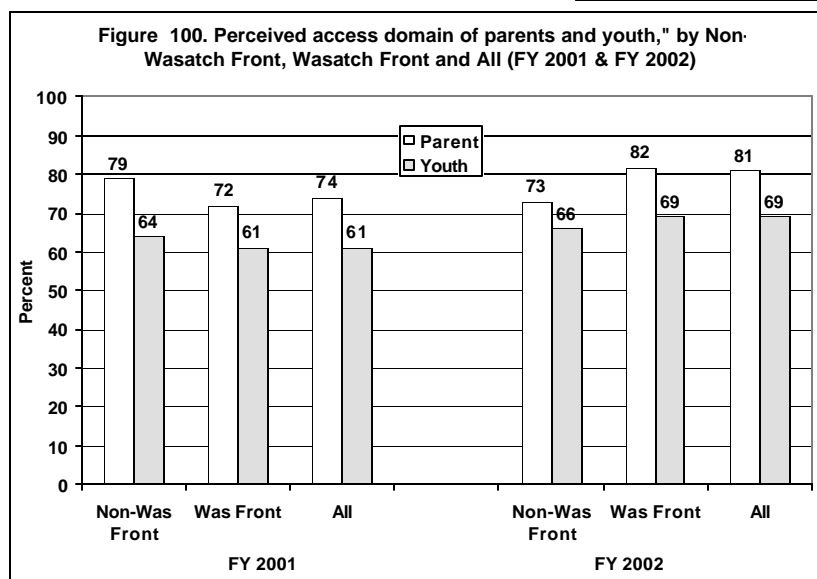
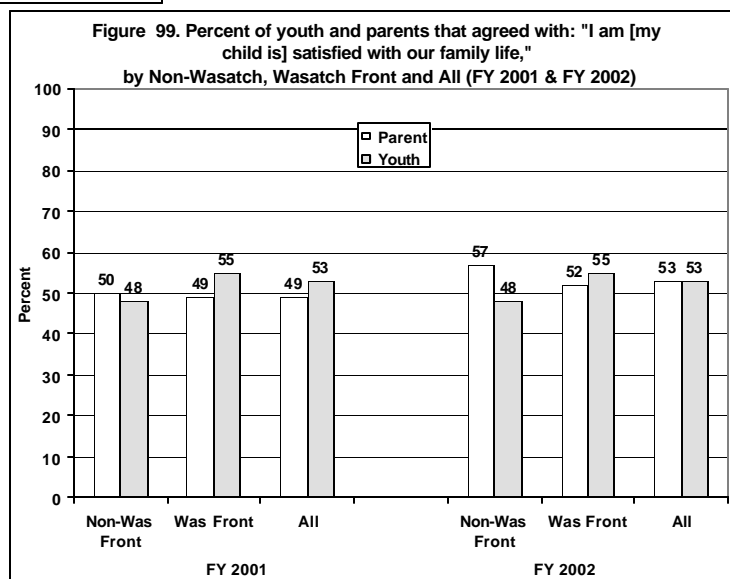


In all cases, youth perceived that they did better in school and/or work than did parents (see Figure 97). Overall differences between parents and youth were smaller in FY 2002 than in FY 2001.



With one exception (NWF parents in FY 2002), higher percents of youth than parents perceived that they were *better able to cope* (see Figure 98).

Overall, relatively low percents (49-53%) of parents and youth in both years were satisfied with their family life (see Figure 99). Non-Wasatch Front parents in FY 2002 were more satisfied than youth (+9%) while WF youth in FY 2001 were more satisfied than parents (+6%).



Access

Domain

Parents were more consistently satisfied than youth in all comparisons for both years (Figure 100). However, there was some variation by area. Non-Wasatch Front parents were most satisfied in FY2001 while WF parents were most satisfied in FY 2002.

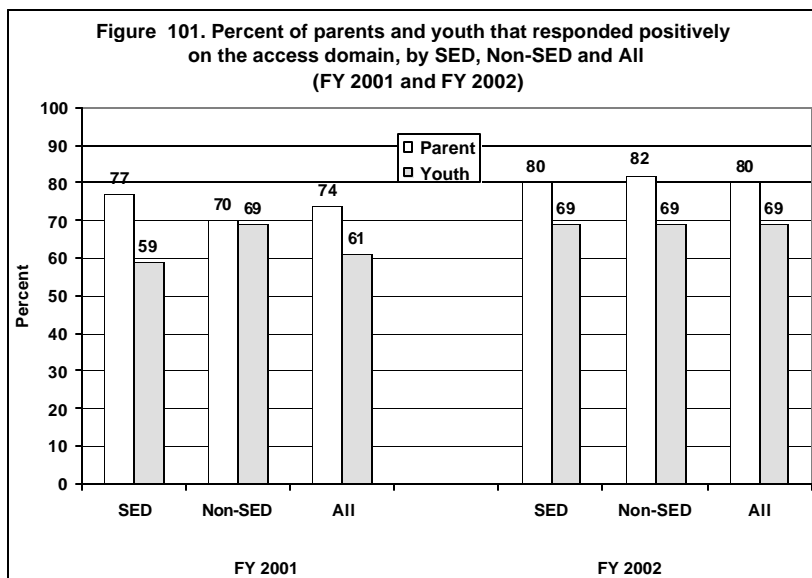
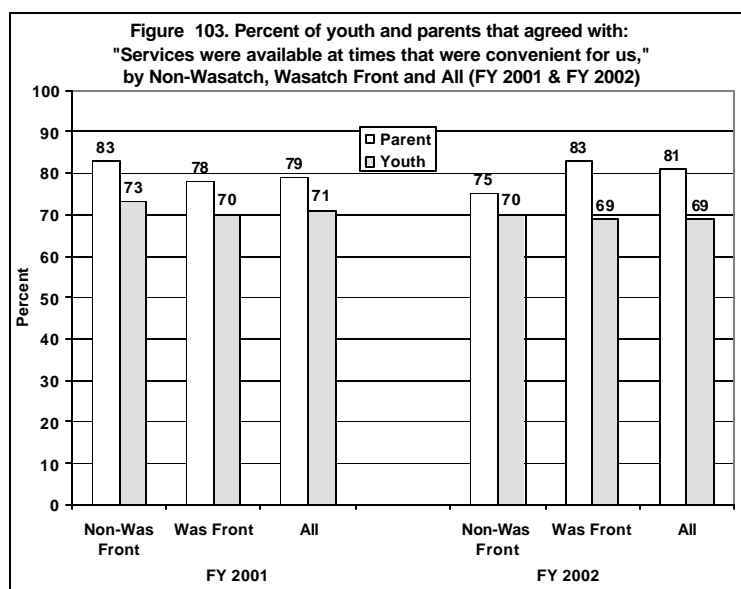
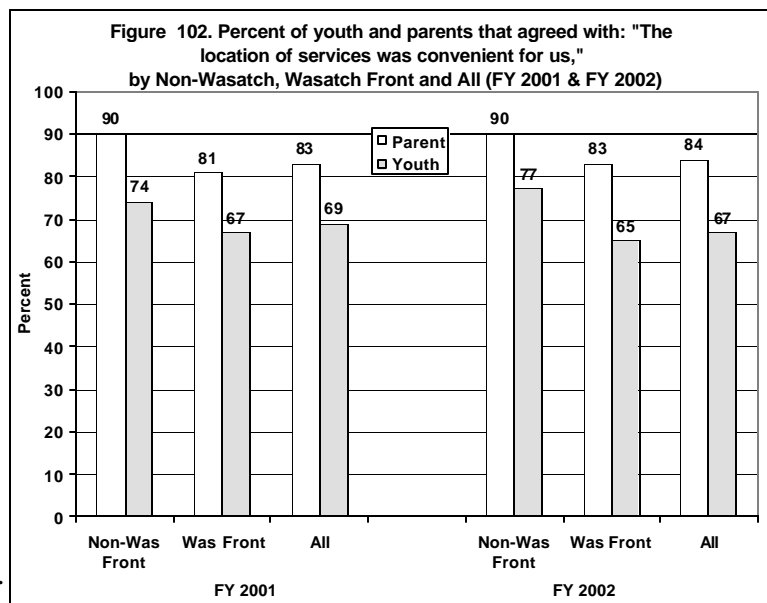


Figure 101 compares parents and youth where the person being rated was either SED or Non-SED. Again, variability may be noted in the access domain. In FY 2001, parents of SED children were substantially higher (18%) than youth having SED, but there was practically no difference between parents and youth in the Non-SED group. Parents of both SED and Non-SED children were higher than youth (+11% and +13%), in satisfaction with access in FY 2002.

Individual Items

There are two access questions. Figure 102 focuses on the location of services and Figure 8 addresses the convenience of appointment times. There were very large differences between parents and youth on the first question for both years. Well over four-fifths of the parents (83 and 84%) and only about two-thirds of the youth (69 and 67%) responded that the *location* was convenient in FY 2001 and FY 2002, respectively. Differences were maintained for both NWF and WF areas.

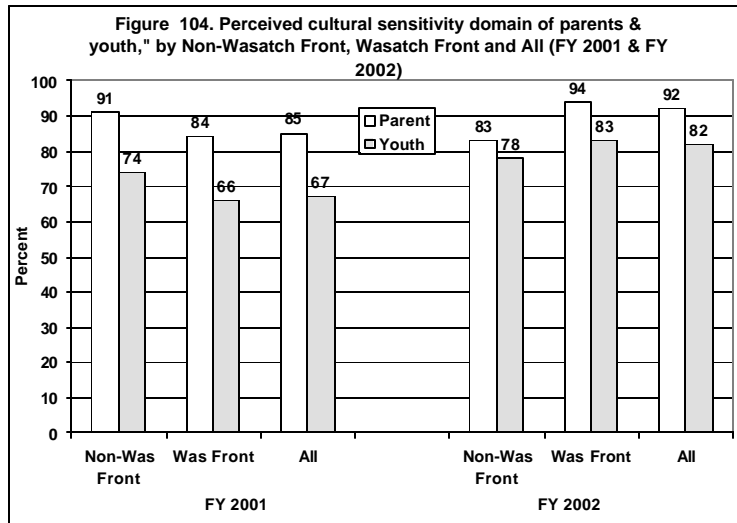


Parents also had substantially higher percents of satisfaction with appointment *times* than youth for both years. The difference between parents and youth varied by area in FY 2002. The difference between WF parents and youth (14%) was larger than the parent-youth difference in the NWF area (5%) (see Figure 103).

Cultural Sensitivity

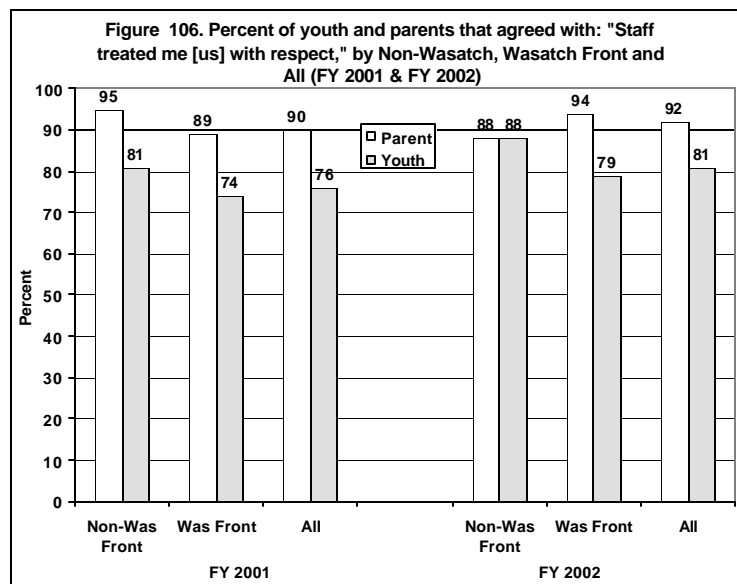
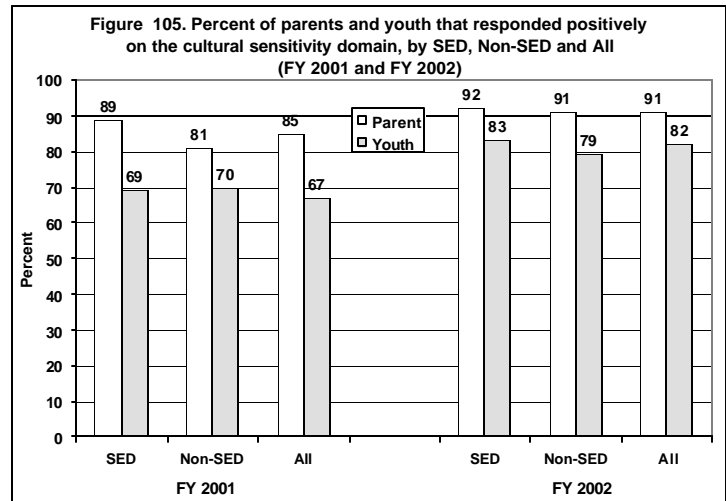
Domain

There are five questions or statements in this domain. Figure 104 shows that parents had much higher percents than youth that were satisfied on this domain, especially in FY 2001 where the differences between NWF and WF parents and youth were very similar (17% and 18%). Although overall satisfaction percents were higher in FY 2002, percent differences between parents and youth in FY 2001 were about double those



observed in FY 2002. The difference between WF parents and youth (11%) was larger than NWF parents and youth (5%).

Figure 105 shows that parents rate cultural sensitivity higher than youth for both years. The difference in FY 2001 favoring SED parents over youth (20%) was much larger than that observed among Non-SED parents and youth (11%). In FY 2002, the difference between SED parents and youth (9%) was not much different from Non-SED parents and youth (12%).



Individual Items

Figure 106 shows that high proportions of both parents and youth were satisfied that staff treated them with *respect*. Overall, parents had the highest percents for both years (90% and 92%, respectively) compared to 76 percent and 81 percent, respectively, for youth in FY 2001 and FY 2002. In the latter year, NWF youth were equally satisfied on this question. Area did not make a difference in other comparisons.

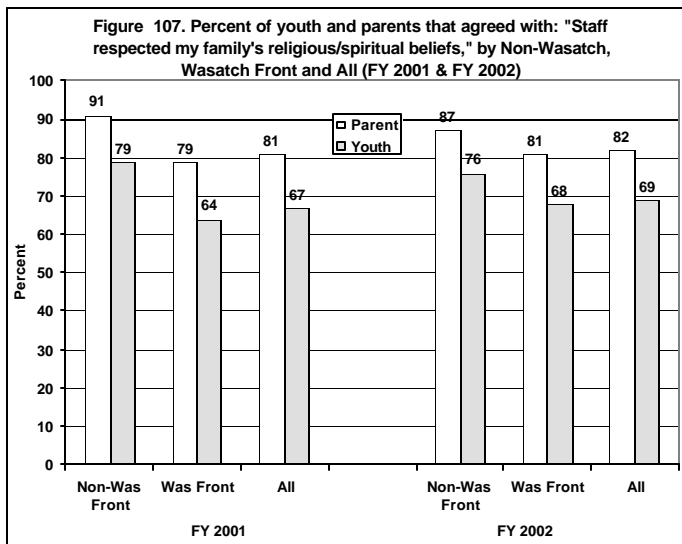


Figure 107 also shows relatively high satisfaction percents on the statement regarding respect for family's religious/spiritual beliefs. However, the percents are about 10 percent lower for both parents and youth in FY 2001 and FY 2002 than they were in Figure 9 on respect in general. Differences were not substantially modified by area for either year.

Another element of sensitivity has to do with how staff members communicate with clients. Figure 108 once again shows a disparity between parents and youth on this question. More than nine-tenths of the parents in both years agreed that staff spoke in a way that was understood. The disparity between NWF and WF parents and youth was not too different (21% vs. 18%, respectively) in FY 2001. In FY 2002, WF parents were 13 percent higher than youth, while NWF parents were only eight percent higher than youth on this question. Overall, it appears that parents perceived that their children understood staff members better than did youth.

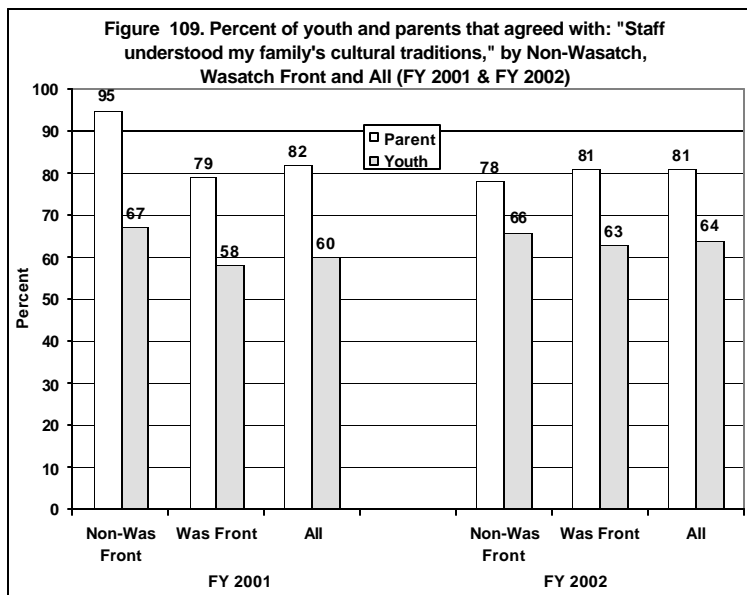
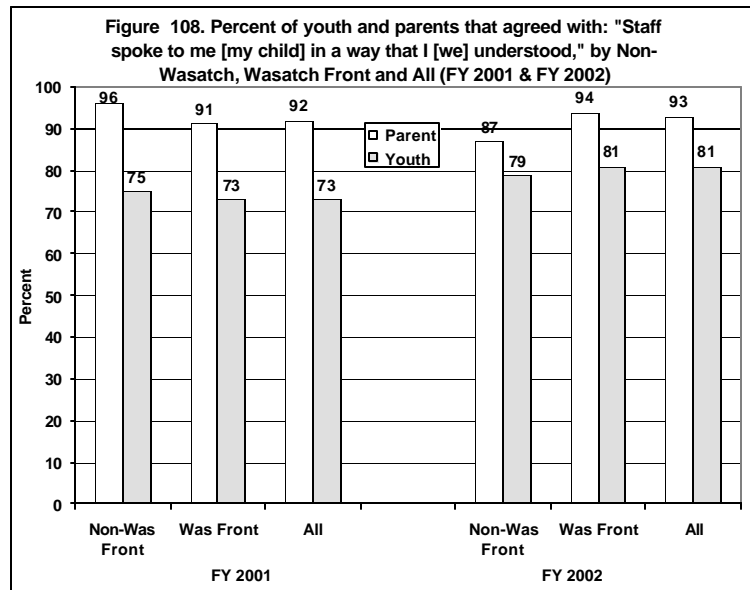
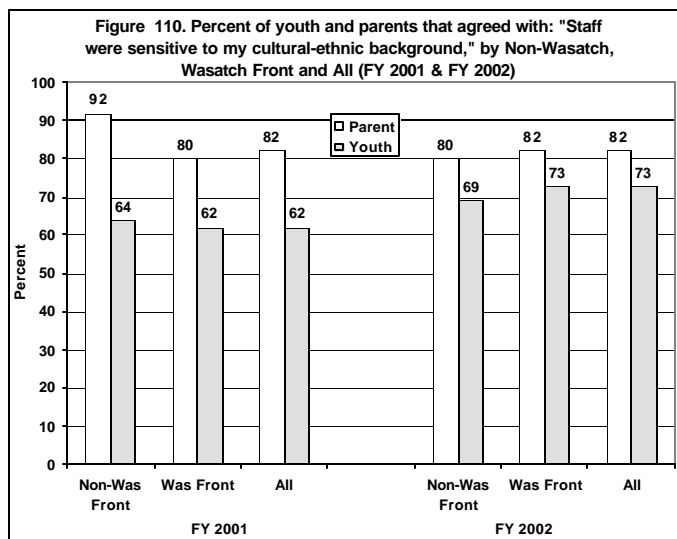


Figure 109 shows an even larger disparity between parents and youth on the question of understanding the family's cultural traditions for both years. Parents exceeded youth as much as 28 percent among NWF residents and 22 percent overall in FY 2001, and as much as 18 percent among WF residents in FY 2002. This large difference may somewhat reflect parent-youth differences in understanding of the word cultural.

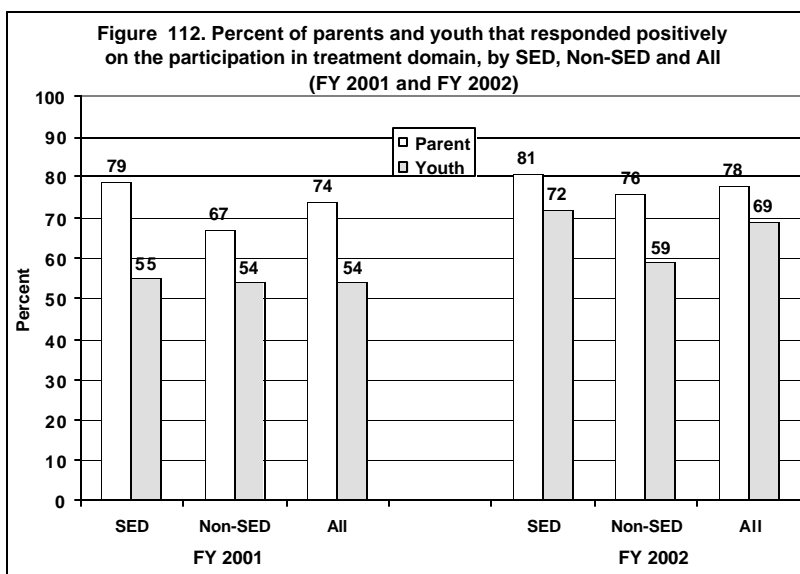
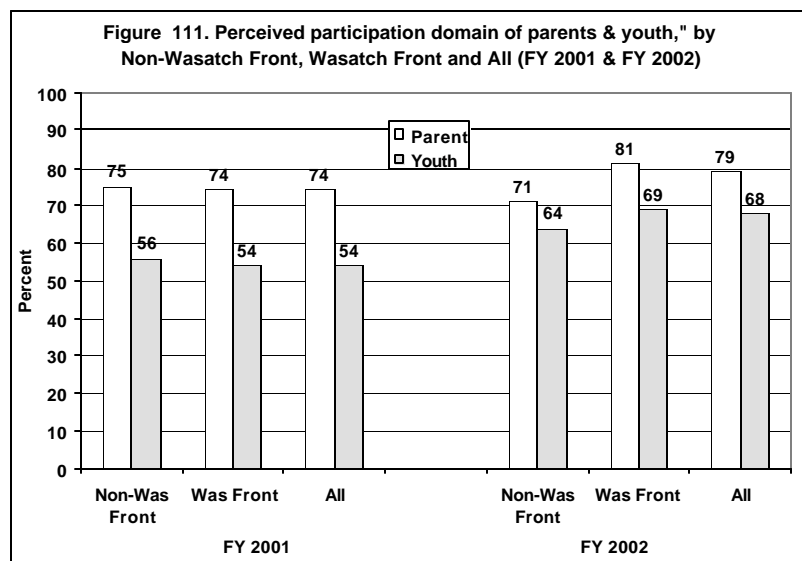


A very similar pattern may be observed in Figure 110. Parents had much higher percents of agreement that staff were sensitive to my cultural-ethnic background. Differences in FY 2002 were smaller between WF and Non-WF areas than in FY 2001. Differential understanding of the word cultural may also apply here.

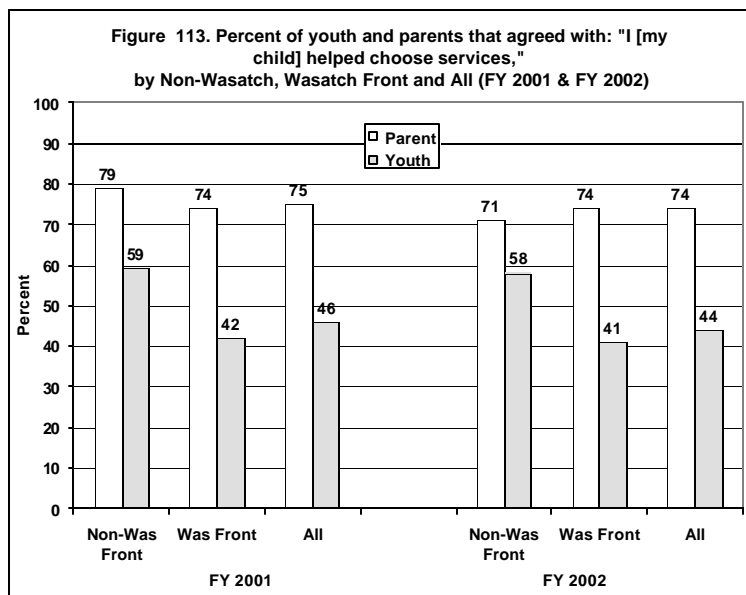
Participation in Treatment

Domain

One value that guides mental health treatment is maximizing client participation in treatment. Overall results were higher in FY 2002. As with many other results, differences favoring parents over youth in Figure 111 were very large, but less extreme in FY 2002 than in FY 2001. The difference between parents and youth in the WF area was larger than that observed in the NWF area in FY 2002 (12% vs. 7%).



There was no difference among youth responders when holding constant the SED and Non-SED rating in FY 2001 (Figure 112). However, in FY 2002 SED youth responders were more in agreement on the participation variable than youth who were Non-SED (72% vs. 59%). In FY 2001 the difference between parents and youth was highest with the SED group while the largest difference between parents and youth in FY 2002 was with the Non-SED group.



Individual Items

There are three questions in the *participation domain*. The first question is shown in Figure 113. Overall, youth were 29 percent lower than parents in FY 2001 and 30 percent lower than parents in FY 2002 on the question of helping to *choose services*. Non-Wasatch Front youth were substantially higher (17%) than WF youth in both years.

Figure 114 again indicates higher parent than youth percent agreement on the question of *choosing treatment goals*. Of special note is the large difference between NWF parents and youth in FY 2001 (90% vs. 63%). The NWF comparison for FY 2002 showed a difference of only four percent. Wasatch Front differences for both years between parents and youth favored parents (+13% and +10%, respectively). Youth responses over the two-year period were fairly consistent on this question, ranging from 63 to 70 percent agreement.

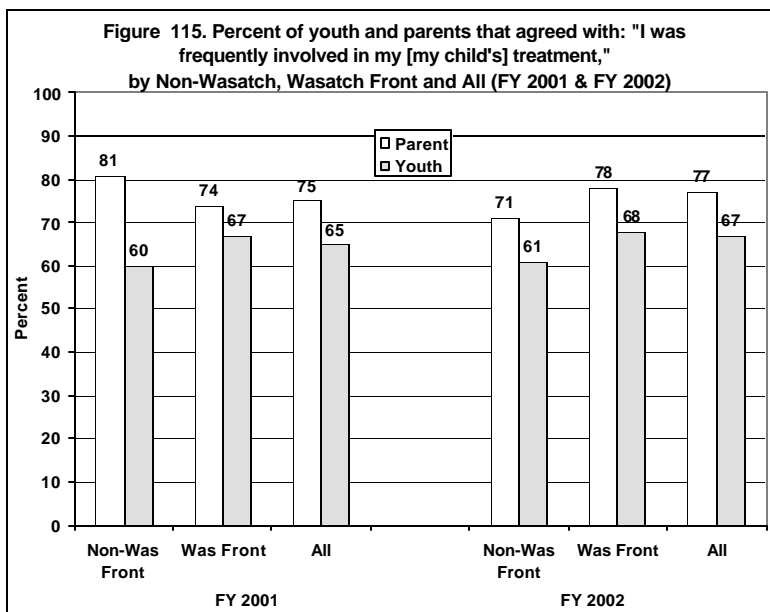
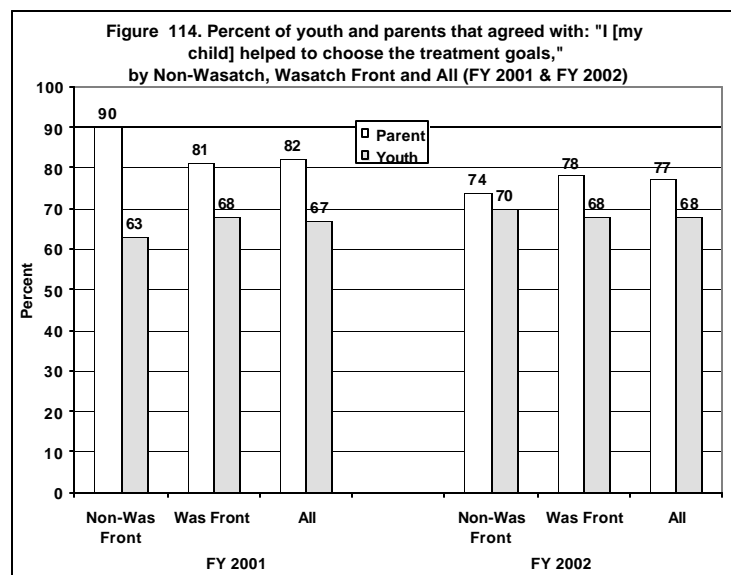
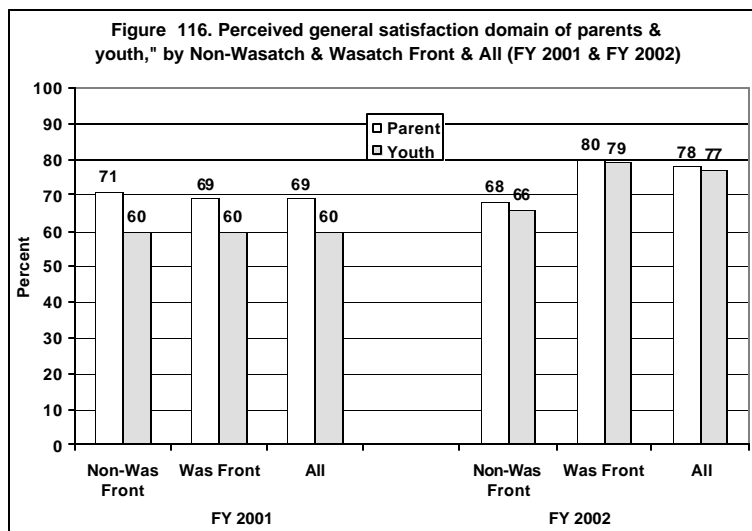


Figure 115 shows similar results on the *frequently involved in treatment question* as that observed in Figure 114. The largest difference is between NWF parents and youth in FY 2001. As with the other two questions in this section, parents rate participation in treatment higher than do youth.



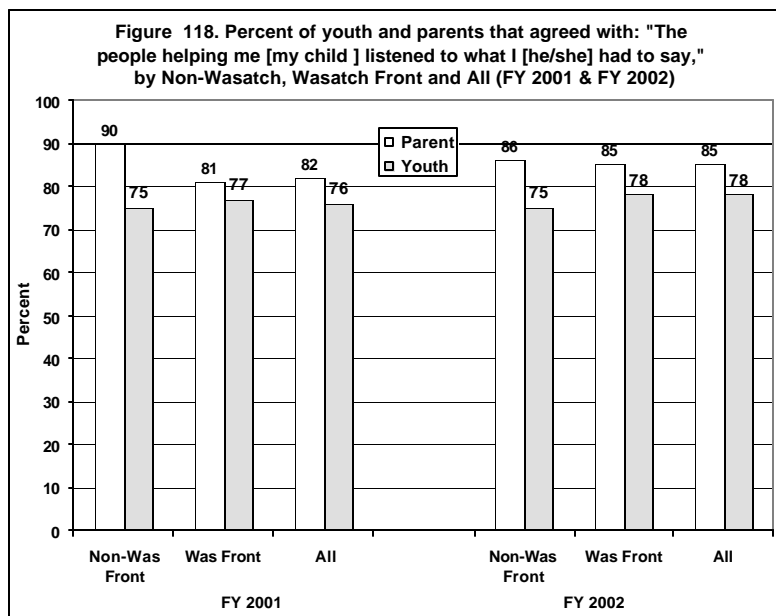
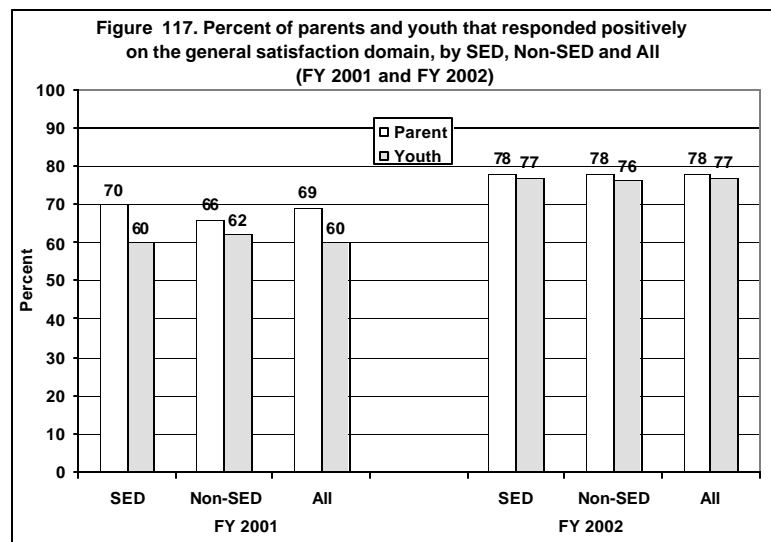
General Satisfaction

Domain

This domain includes nine questions about general satisfaction, including perceived quality and appropriateness. In the adult analysis of MHSIP satisfaction, quality and appropriateness constituted a separate domain. Most noteworthy in Figure 116 is the much higher overall level of satisfaction in FY 2002. This is largely due to the higher percent of satisfaction

among WF residents, particularly youth, who increased 19 percentage points between the two years. Wasatch Front adults increased 11 percentage points from FY 2001 to FY 2002. Overall, in FY 2002, over three fourths (78% and 77%) of parents and youth were satisfied.

Figure 117 shows that in FY 2001, parents of SED children were more satisfied than SED youth (+10%), while in the Non-SED group parents were only four percent higher. There were no parent-youth differences in satisfaction when holding SED and Non-SED constant in FY 2002.



Individual Items

Figure 118 assesses parent and youth perceptions that staff *listened* to what they had to say. Although parents had highest percents on this question than youth, more than three-fourths of the youth agreed that in both years staff listened. In FY 2001 and FY 2002, NWF parents exceeded youth in satisfaction (15% and 11%, respectively). Parents in the WF area in FY 2002 were slightly higher than youth (+7%).

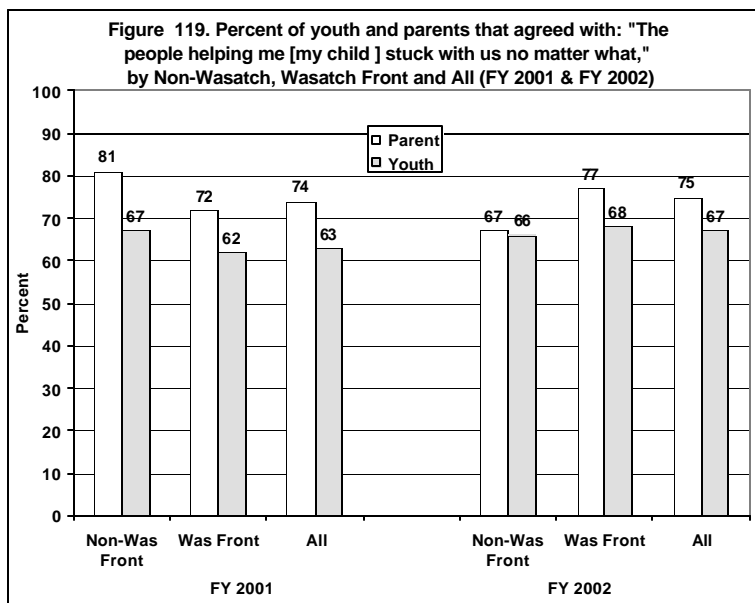
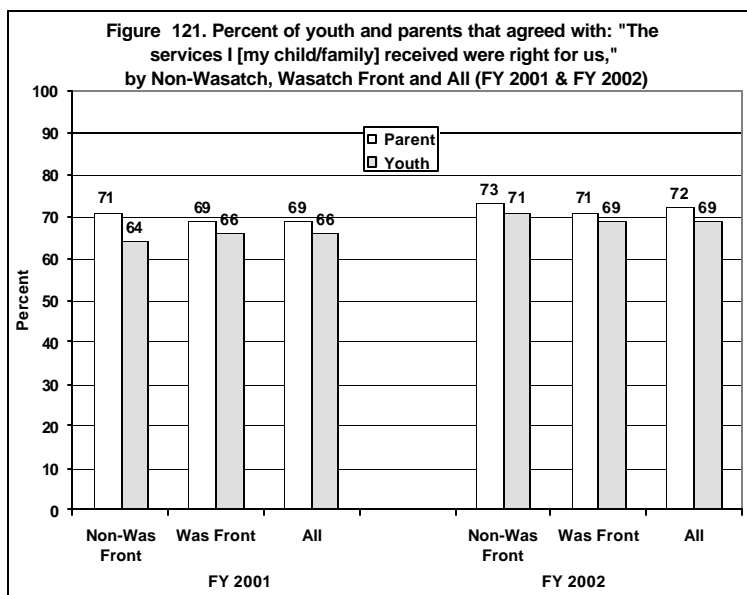
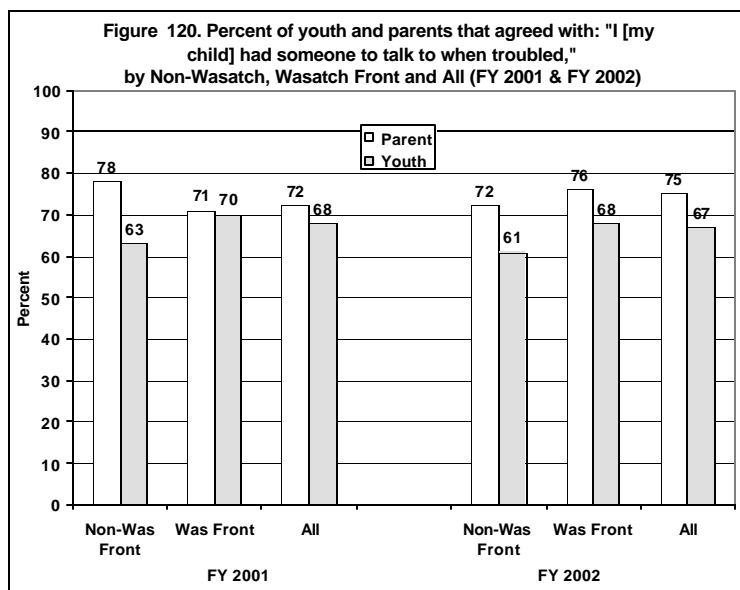
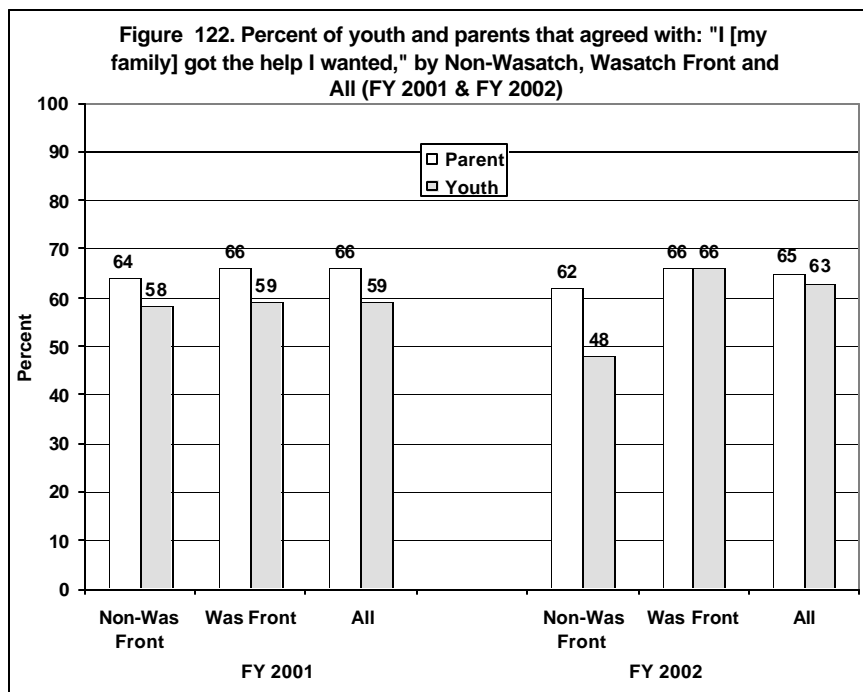


Figure 119 contains a statement regarding satisfaction with staff (helpers "stuck with us"). Non-Wasatch Front parents in FY 2001 had a much higher percent of satisfaction (+14%) while in FY 2002 there was basically no difference between NWF parents and youth.

Similar to the previous question, Figure 120 assesses satisfaction with staff, in this case the perception of having "someone to talk to when troubled." More parents than youth were satisfied on this question except in the WF area in FY 2001 where they were about the same in satisfaction. Additionally, a notably higher percent of parents than youth (+15%) were satisfied in the NWF area in FY 2001.

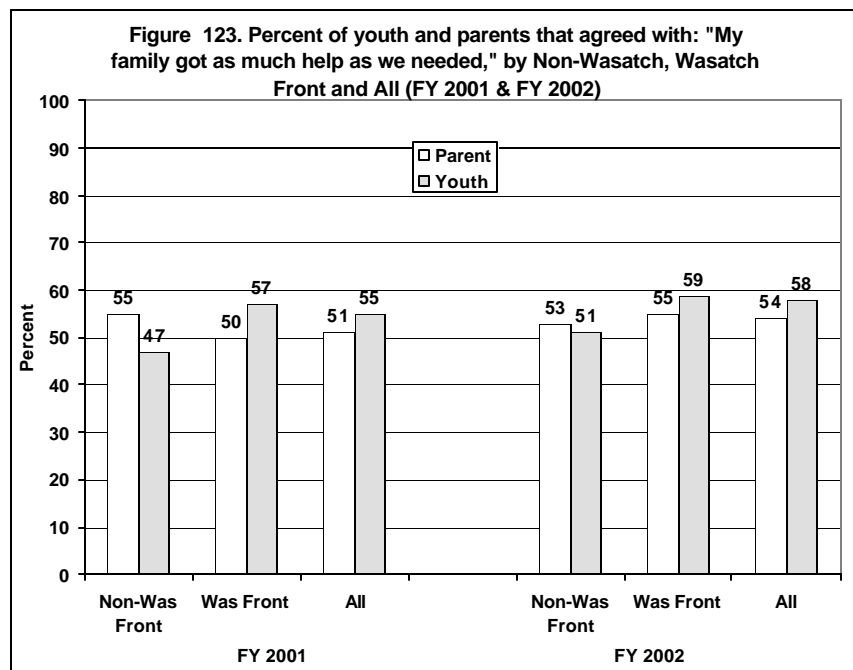


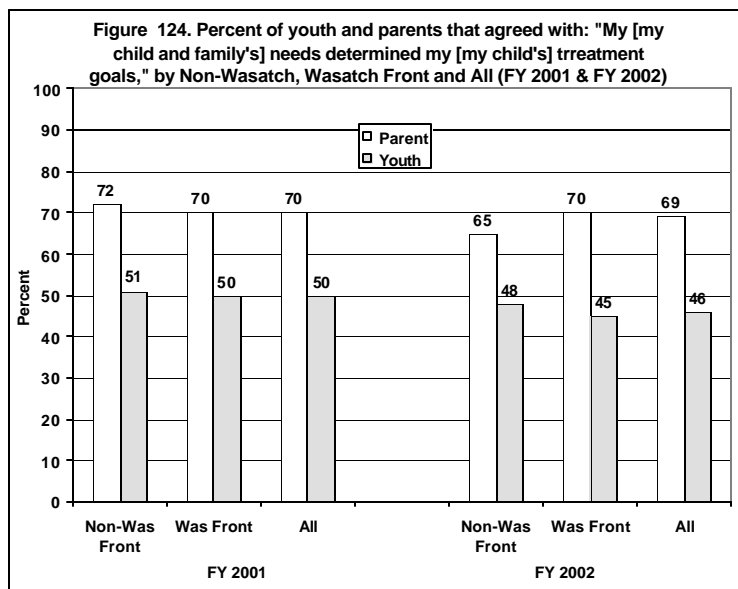
Summarized in Figure 121 are results to the question of whether the services received "were right for us." Opposite to the pattern in most questions in this section, parents and youth were fairly similar in their responses to this question. Differences between parents and youth in three of four comparisons were only two to three percent. Non-Wasatch Front parents were higher in their agreement than youth in FY 2001 by seven percentage points.



Figures 122 and 123 differentiate between services “wanted” versus “needed.” In Figure 122, less than half (48%) of the NWF youth surveyed in FY 2002 were satisfied that the services were what they wanted compared to a relatively low but much higher percent of parents (62%). There was no difference between parents and youth in the WF area, where two-thirds of both groups perceived that their wants were being met. Differences in area did not explain the slightly higher satisfaction of parents over youth in FY 2001.

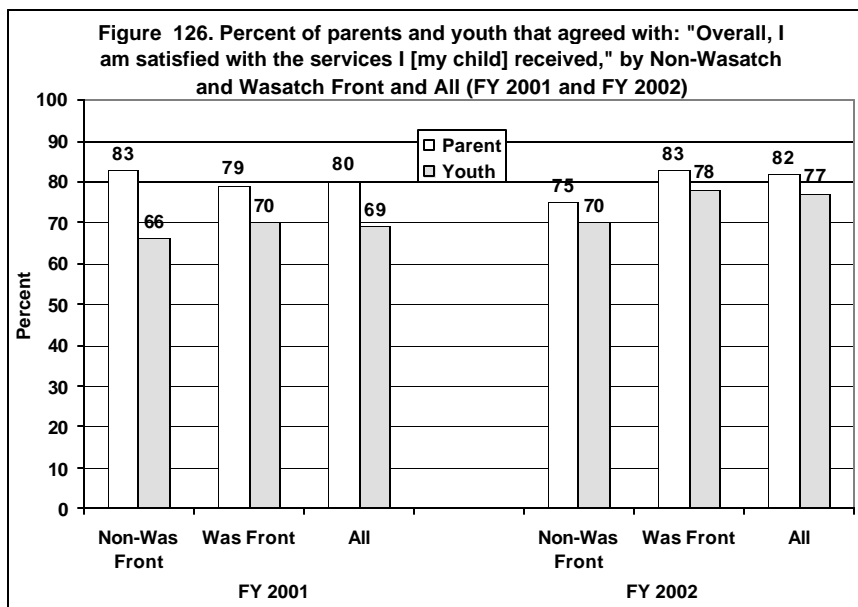
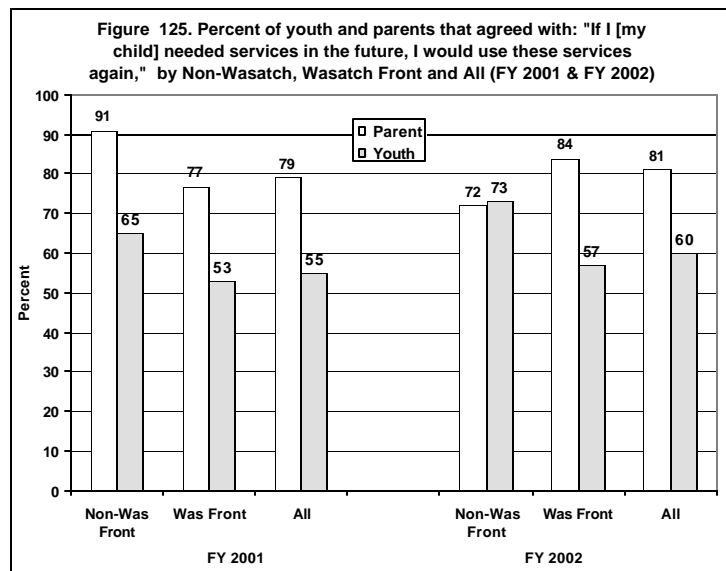
In general, a smaller percent of both parents and youth were satisfied that services were what they *needed* than what they wanted as shown in the previous graph. Wasatch Front area parents in both years had lower percent agreement than youth that services were what they needed (50% vs. 57% and 55% vs. 59%) (Figure 123). Overall, for both years, a relatively small percent (51-58%) reported that they got the help they needed.





A quality of care concern is covered in Figure 124 - the child and family's *needs determined treatment goals*. There was a wide discrepancy between NWF and WF parents and youth on this question for both years. Two-thirds (65-72%) of the parents but only half or less (45-51%) of the youth were satisfied on this question. Area did not help to explain these large differences.

Parents in three of the four comparisons were much more in agreement than youth on the question that they would *use the services again* in the future if needed (+24% in '01 and +21% in '02) (Figure 125). An exception to this occurred in the NWF area in FY 2002 where about the same percent of parents and youth indicated agreement to this question (72% and 73%).



Parents had higher percents of agreement with the overall satisfaction question than youth in both years (see Figure 126). A much larger percent of NWF parents than youth (83% vs. 66%) reported overall satisfaction in FY 2001.

Summary

Some of the highlights of parent and youth results are shown below:

- Parents and youth rated their satisfaction in five different domains: outcomes, access, cultural sensitivity, participation in treatment, and general satisfaction.
- Parents rated children of all ages and youth 12 to 17 years of age also did self-ratings.
- In general, parents and youth gave higher ratings in FY 2002 than FY 2001 in all domains.
- In FY 2002 much higher percents of parents than youth were satisfied in the domains of access (80% vs. 69%), cultural sensitivity (91% vs. 82%), and participation in treatment (78% vs. 69%).
- Over three-fourths of parents and youth rated the general satisfaction domain positively in FY 2002. However, they did not differ from one another.
- A slightly higher percent of youth than parents in FY 2002 rated outcomes positively (69% vs. 65%).
- Higher percents of youth than parents perceived the outcomes domain positively in FY 2001 in both NWF and WF areas. In FY 2002 youth were higher in the WF area and parents were higher in the NWF area.
- SED youth perceived the outcomes domain at higher percents than parents of SED children in both FY 2001 and FY 2002.
- On individual outcome questions, youth differed most from parents (were higher) in their perceptions that they got along better with friends and other people and their ability to cope.
- Much higher percents of parents than youth perceived access positively in both fiscal years and in both regions. However, there was basically no difference between parents of Non-SED children and Non-SED youth in FY 2001.
- Much higher percents of parents than youth perceived cultural sensitivity positively in both regions and fiscal years. This difference also remained for both SED and Non-SED parents and children.
- Parents especially had high percent of agreement on questions pertaining to respect, religious beliefs, cultural traditions, staff speaking understandably, and ethnic background.
- Much higher percents of parents than youth perceived that they participated in treatment decisions for both years, both regions, and for both SED and Non-SED classifications.
- High percent parent satisfaction with participation on individual items included choosing services, treatment goals, and frequent involvement in treatment.
- More parents than youth were high on general satisfaction in FY 2001, but these populations were about the same in FY 2002. These differences changed little when holding SED and Non-SED categories constant.
- There were variable results by year, by area and by SED/Non-SED designations on individual questions in the area of general satisfaction.

Conclusions

- It is useful to know what role such variables as region, year, and severity play in consumer perceptions.
- When sufficient numbers become available for all CMHCs, comparisons can be made between centers.
- This in turn may contribute to continuous quality improvement in particular domains and on particular questions. That is, CMHCs will be able to determine areas where they do well or do not do well when compared to other CMHCs.

Chapter 6

Adult Outcomes and Consumer Surveys in Quality Improvement

Overview

In Chapter 4 we gave an overview of the *adult* conceptual domains of measured and perceived outcomes, access to services, quality and appropriateness of treatment, participation in treatment, and general satisfaction of clients. Procedures used to measure the variables were also described. Included in that chapter was an explanation of how the domains are related to one another statistically and temporally. To repeat, as a client considers services from a CMHC the first concern is *access*, followed by *quality/ appropriateness*, including consumer *participation in treatment* decisions, *outcomes*, and finally consumer *satisfaction*. Because CMHCs are compared in this chapter on each of the domains and on critical questions, there is an opportunity to use data for decisions in continuous quality improvement activities at the local level. Although an absolute standard is lacking, the assumption is nevertheless made that those centers that are lower than other centers, as determined by tests of statistical significance, might profit from a self-examination of clinical practices and attitudes in that domain or question.

Statistical Comparisons

Chi square statistical tests were computed in the following analysis. Comparisons were made between CMHCs on the GWB and the five perception domains as well as between SPMI and Non-SPMI populations on the same measures. The phrase *higher than* in the analysis will only be used when differences are statistically significant at the .05 level. All other percentage differences should be considered chance variations. However, CMHCs might profit by interpreting the results less rigorously. Presuming differences, and making program changes, where differences do not meet the .05 significance level can also benefit clients since improved quality of services is always the goal. Study numbers for all centers are shown in Table 4. FY 2001 MHSIP survey data were used in the analysis for Davis because these data were inadvertently not collected in FY 2002 due to a personnel change.

As a general guide, where there are no further category breakdowns (e.g., SPMI/Non-SPMI), differences of approximately ten percent between centers are statistically significant where study numbers approach 100 or more. An exception is Valley where, because of its very large sample sizes, smaller percentage differences may be statistically significant. Differences larger than ten percent were required in comparing Centers having small sample sizes (Northeastern, San Juan, Four Corners). For Centers as a whole, the *median* value is shown rather than the mean or arithmetic average. The median is the midpoint below which half the *centers* fall. The mean, on the other hand, is computed by summing individual client percents on a variable and dividing by the grand study total. Medians are frequently used when some groups have extreme sample sizes. Medians give each center an equal weighting when calculating the overall system percent. On the other hand, if means were used, Valley Mental Health would have a disproportionate influence on the overall CMHC percent because of its large sample sizes.

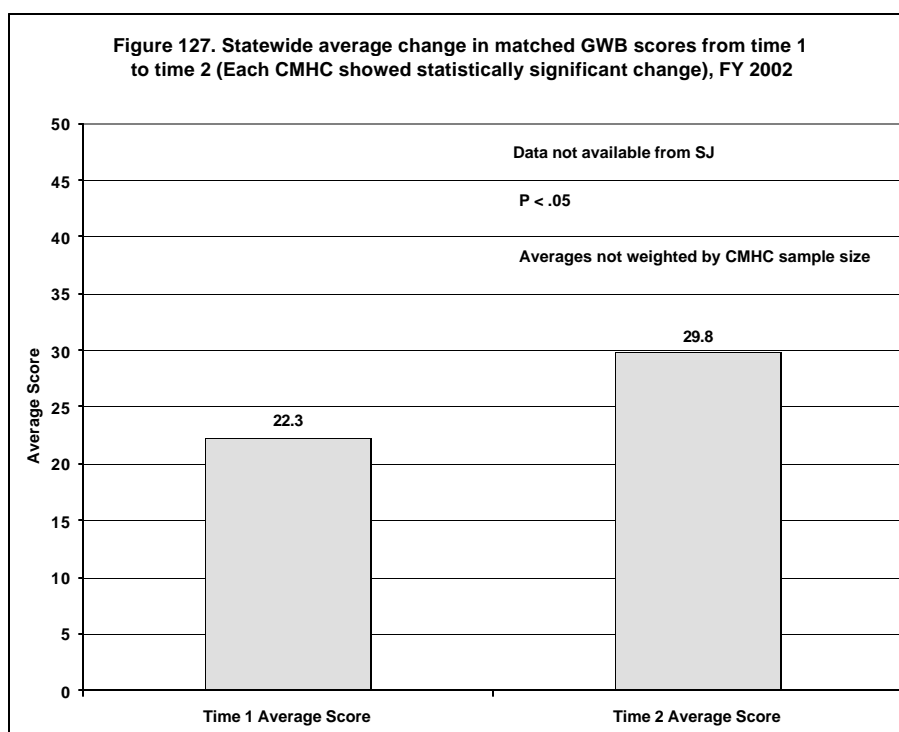
Table 4. CMHC Adult Study Numbers

CMHC	Outcome GWB	MHSIP Consumer Survey
BR	285	284
CU	147	149
SW	141	163
NE	23	41
FC	43	56
SJ	21	23
WB	104	97
DV	105	168
VL	489	963
WS	165	162
Total	1,523	2,106

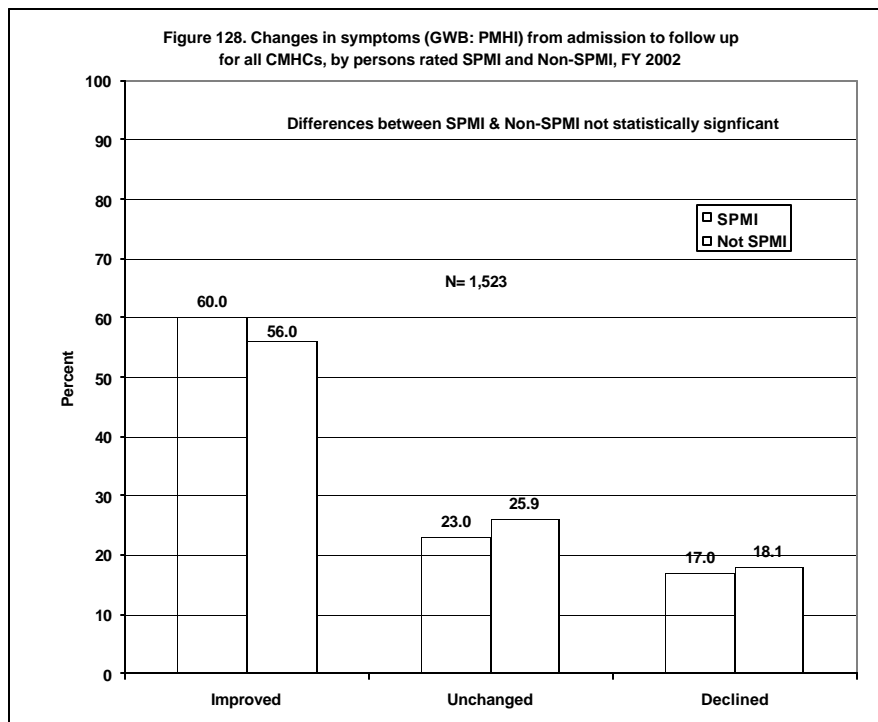
Results

Measured Outcomes (GWB)

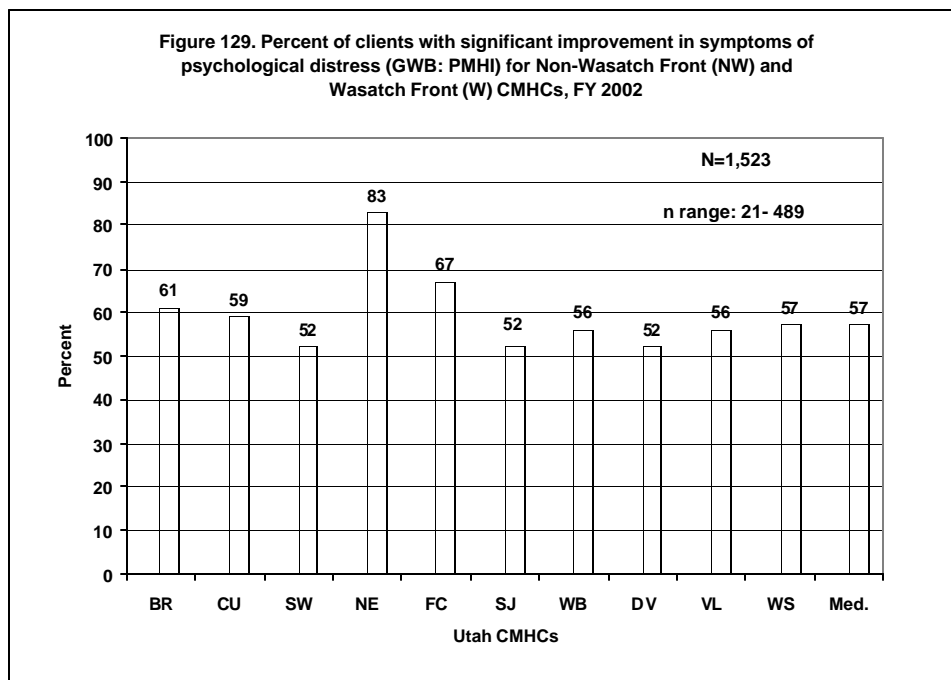
The unweighted average gain in score for nine of ten reporting CMHCs was 7.5 (a higher score is better) (see Figure 127). Although average gains varied by center, ***each of the nine CMHCs experienced statistically significant changes in average scores from admission to follow up.***



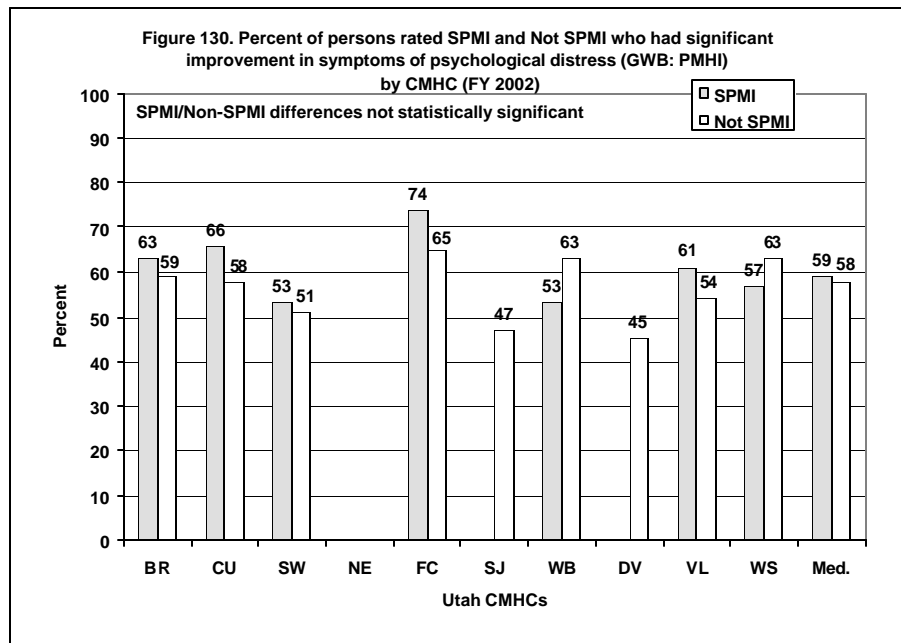
The breakout for the system as a whole is shown in Figure 128 comparing the SPMI and Non-SPMI groups, using the change categories of improved, unchanged, and declined. The overall difference of four percent in the improved category was not statistically significant. It is not unusual for some clients to show a decline after the initial measure because the clinical process sometimes reveals symptoms the client was unaware of when he/she began treatment.



Comparing CMHCs, while percents ranged from 52 to 83 on the GWB instrument, there is only one statistically significant difference in Figure 129. Bear River was higher than DV. The statewide CMHC median was 57 percent.

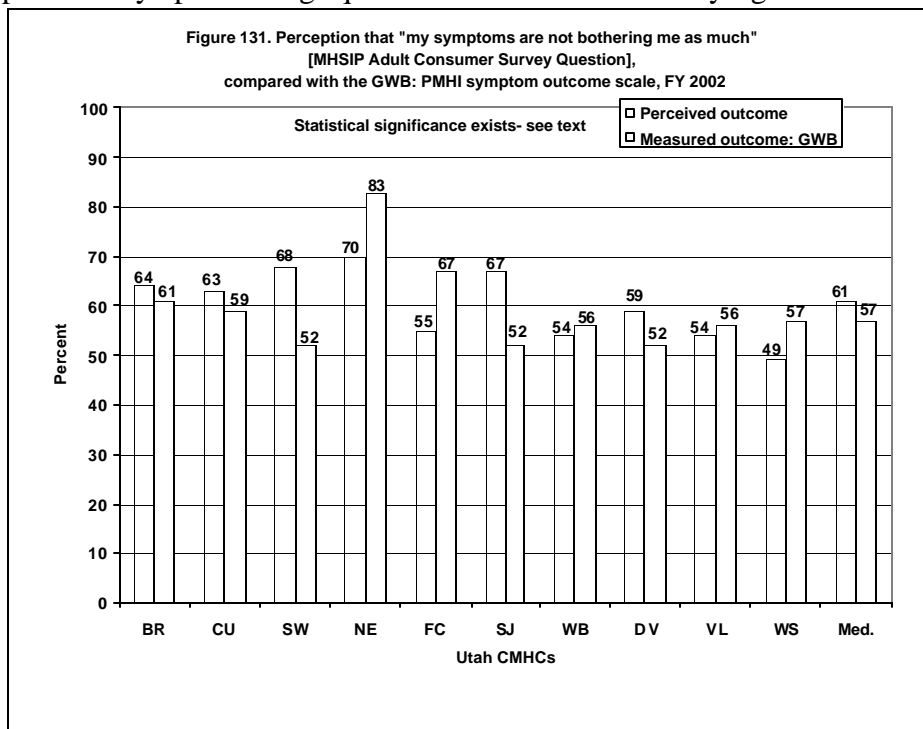


Some have questioned whether CMHCs should be compared when the severity of populations served varies. The assumption is that the more severe population would have the least favorable outcomes. This assumption (see Figure 130) was not supported by the data using the GWB symptom change instrument. Although not statistically significant, SPMI clients had higher percents of improvement in five of the seven centers that could be compared. As populations are divided, sample sizes are reduced. In fact, results could not be shown in this graph for three centers because the SPMI sample sizes were too small (NE= 9, SJ= 0, DV= 11).



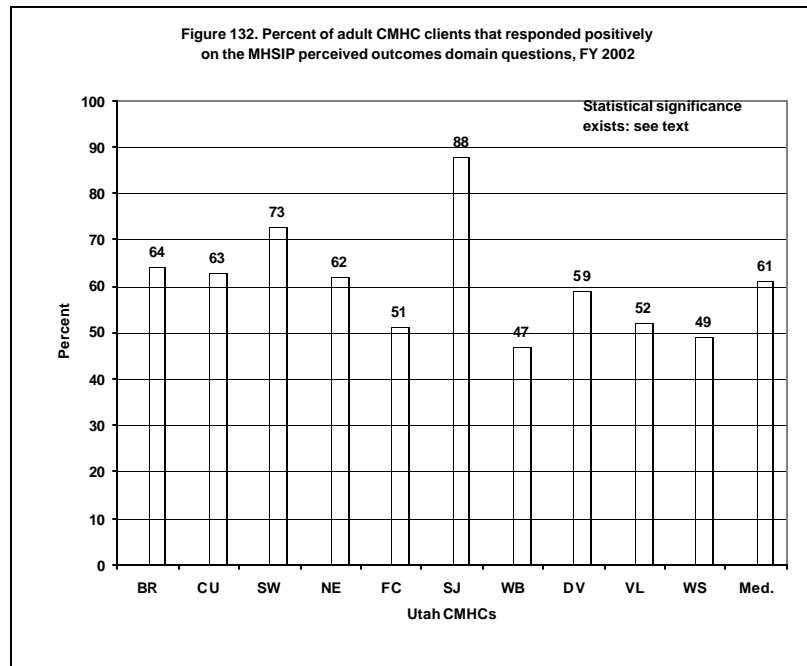
Perceived Outcomes (MHSIP Consumer Survey)

The GWB 10-item symptom outcome scale is compared with the client's perceived change in symptoms using a single question from the MHSIP Consumer Survey (Figure 131). This question was answered at the same time the 2 GWB scale was completed. CMHCs had mixed results with this comparison. Half the CMHCs had higher percents on the GWB and the other half had higher percents on the perceived symptom question. Overall, the median percent improved was four points higher on the perceived symptom change question. There were statistically significant differences between the two

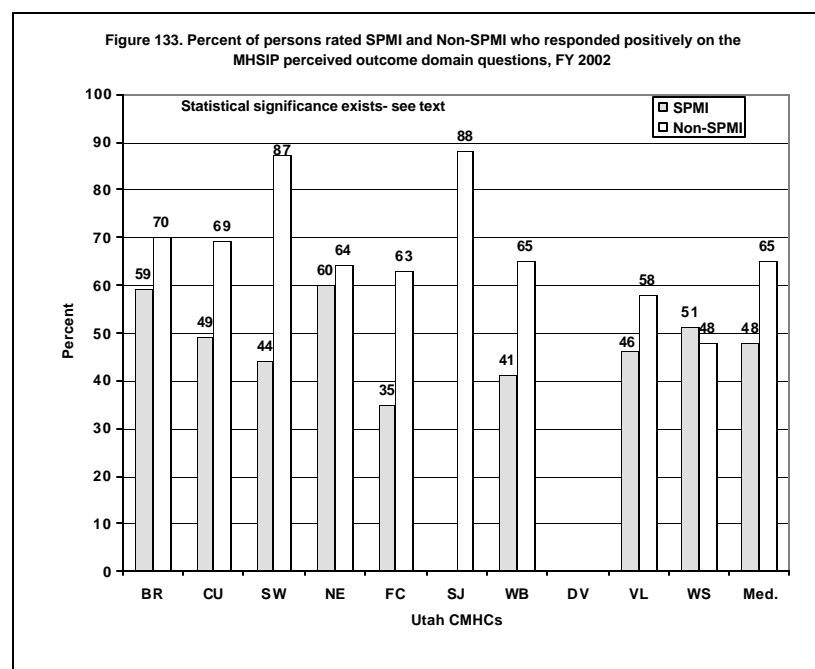


symptom measures for two centers. Southwest had more favorable results on *perceived* symptom change, while WS had more favorable results on *measured* GWB symptom change.

Displayed in Figure 132 are comparisons between centers on the perceived outcome domain, which includes the combination of eight questions. Percents ranged between 47 and 88 and the CMHC median was 61 percent. Summarizing statistically significant differences, *SJ* was higher than all centers except *SW*. *SW* was higher than *FC*, *WB*, *DV*, *VL*, and *WS*. *Bear River* and *CU* were higher than *WB*, *VL* and *WS*. *DV* was higher than *WB*.

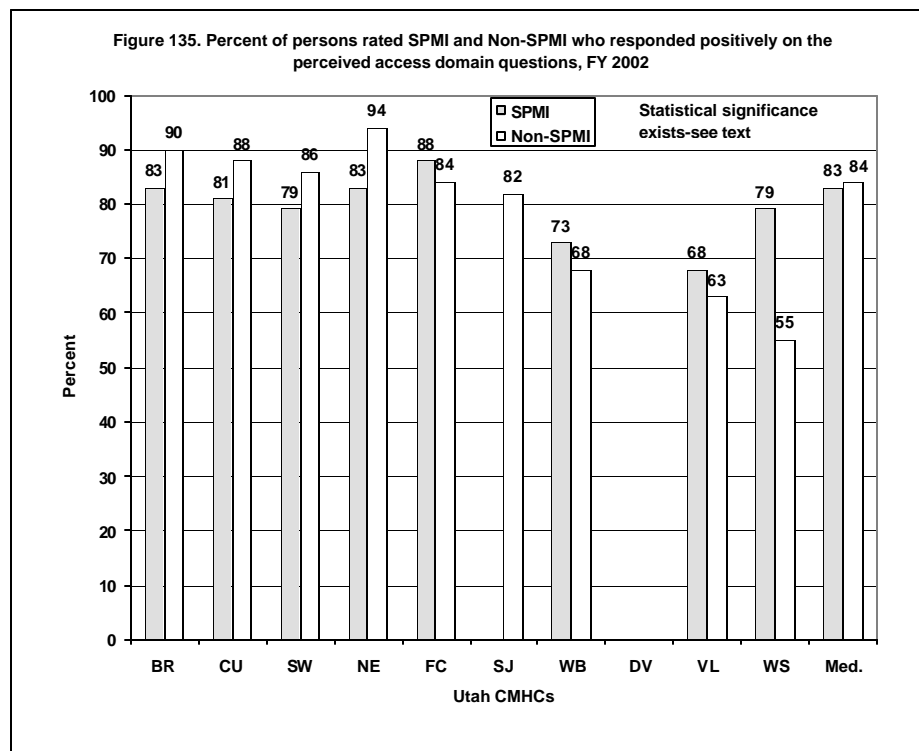
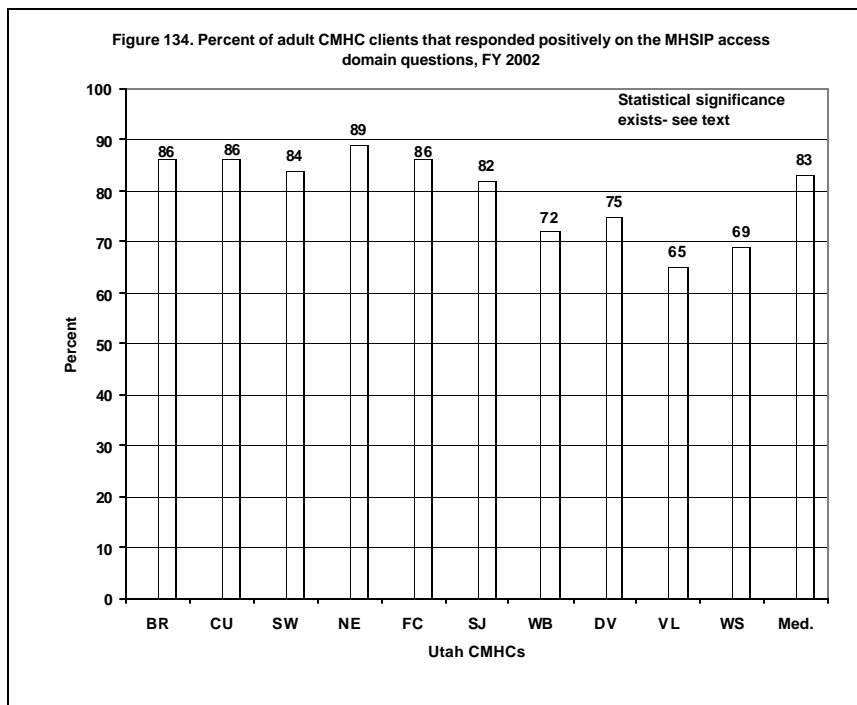


Perceived outcome results are compared in Figure 133 on the severity variable. With the exception of *WS*, all centers had higher percents among the *Non-SPMI* population than the *SPMI* population, although only in four centers (*BR*, *CU*, *SW*, and *VL*) were these differences statistically significant. In two centers (*FC* and *WB*) differences approached statistical significance ($p < .06$). Comparative data were not available at *SJ* and *DV*. Percents ranged from 35 to 88 and the overall CMHC medians were 48 percent for *SPMI* and 65 percent for *Non-SPMI*.



Perceived Access

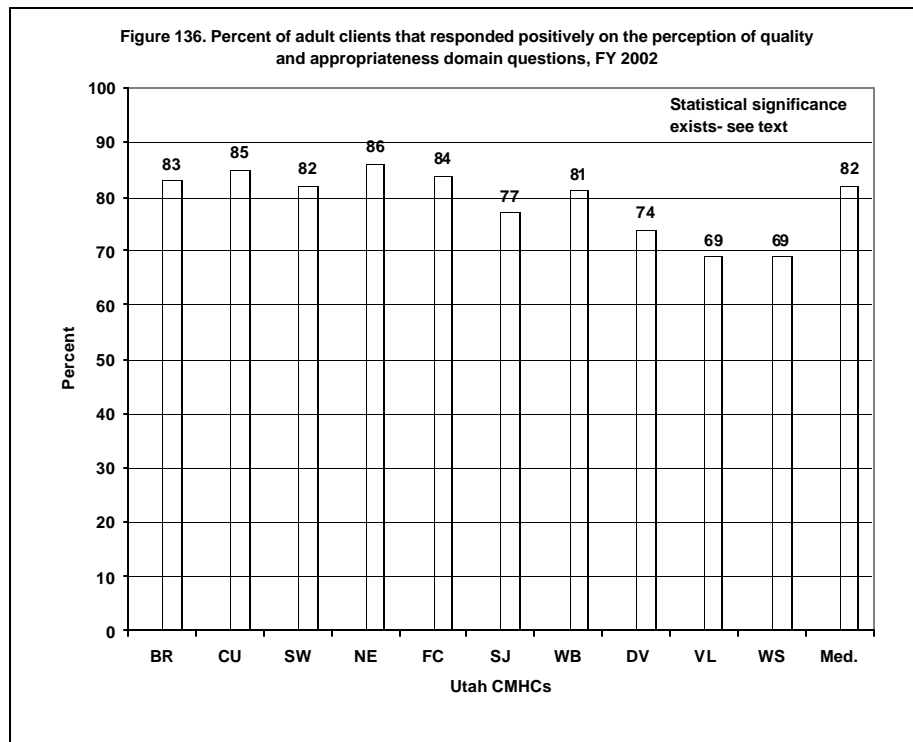
The perceived access domain range was 65 to 89 with a CMHC median of 83 percent (Figure 134). Non-Wasatch CMHCs generally had higher percents of positive responses than WF centers. For example, *BR*, *CU* and *SW* each had statistically significantly higher percents than *WB*, *DV*, *VL*, and *WS* and *NE* and *FC* had higher percents than *WB*, *VL* and *WS*. *San Juan* and *DV* were higher than *VL*.



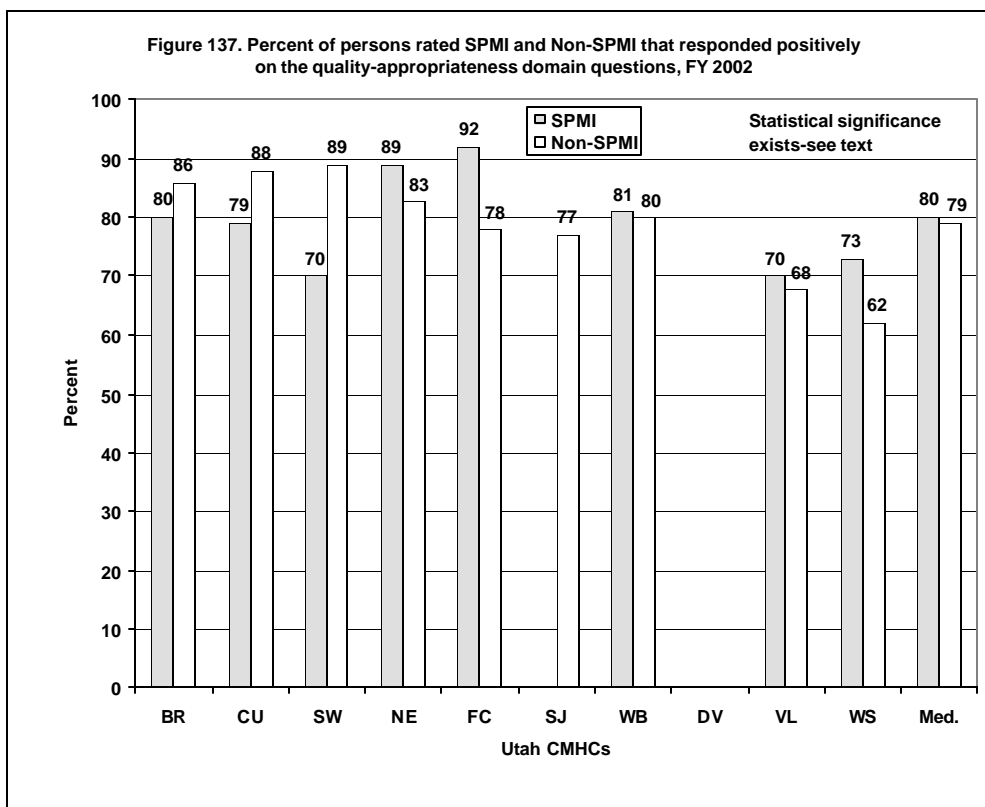
There was only one statistically significant difference in Figure 135 where the SPMI population at *WS* had a much higher percent of perceived access than the less severe group.

Perceived Quality-Appropriateness

Percents of positive perceptions on the quality-appropriateness domain ranged from 69 to 86 and the CMHC median was 82 percent (see Figure 136). Summarizing statistical significance, *BR*, *CU* and *NE* were each higher than *DV*, *VL* and *WS*; and *SW*, *FC*, and *WB* were each higher than *VL* and *WS*.

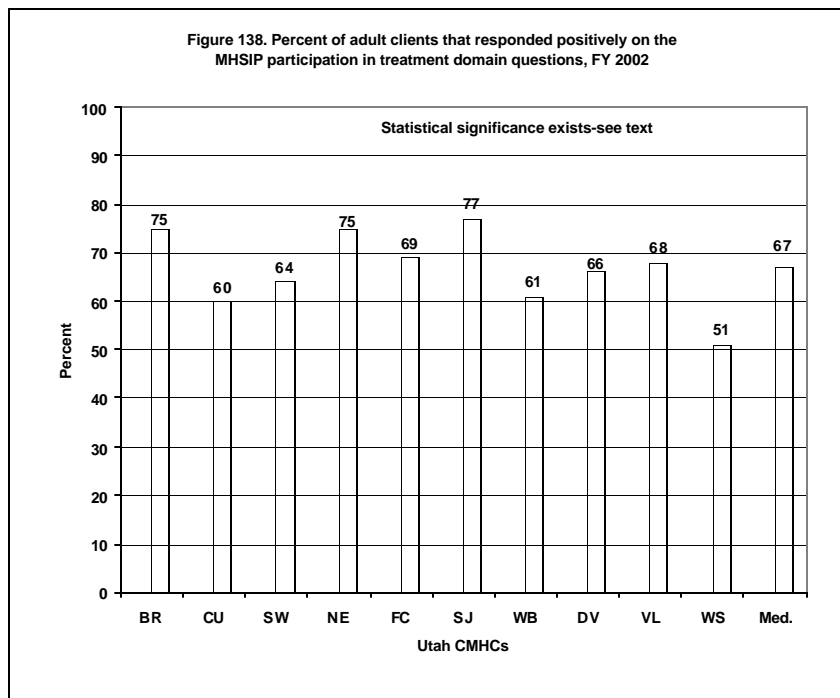


Only *SW* in Figure 137 had a statistically significant difference between the two severity populations. Non-SPMI clients in that center had a 19 percent higher positive rating for quality-appropriateness than those rated SPMI.

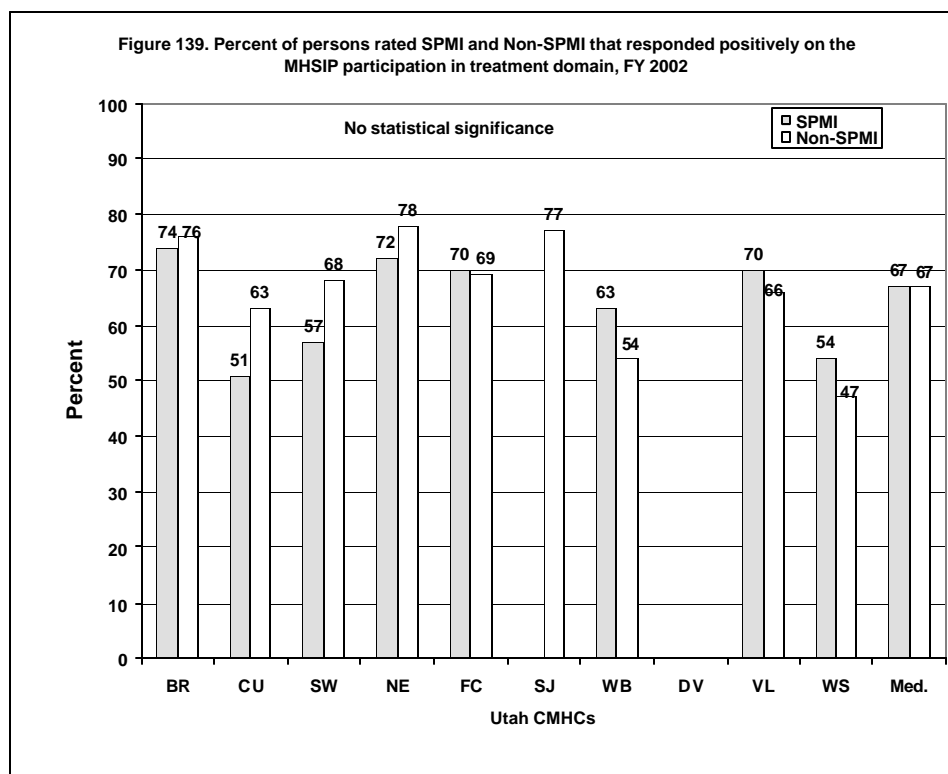


Perceived Participation in Treatment Planning

Displayed in Figure 138 is information about the substantial variability between CMHCs on this variable. Percents ranged from 51 to 77 with an overall CMHC median of 67 percent. *Bear River* was higher than CU, SW, WB, VL, and WS; *CU, SW, FC, WB, and VL* were higher than WS.

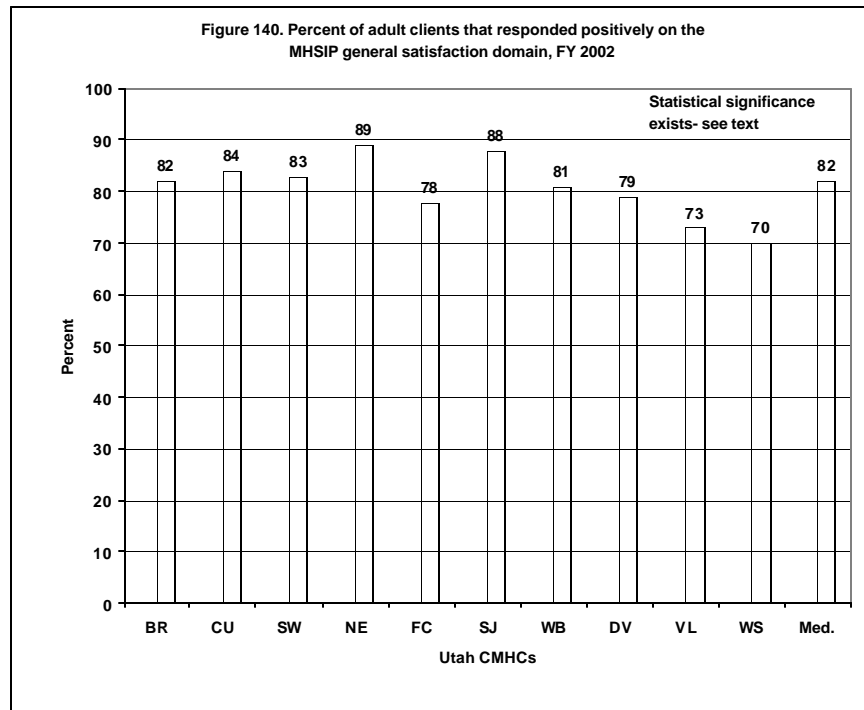


SPMI and Non-SPMI groups are broken out in Figure 139. None of the observed differences between groups in each CMHC was statistically significant.

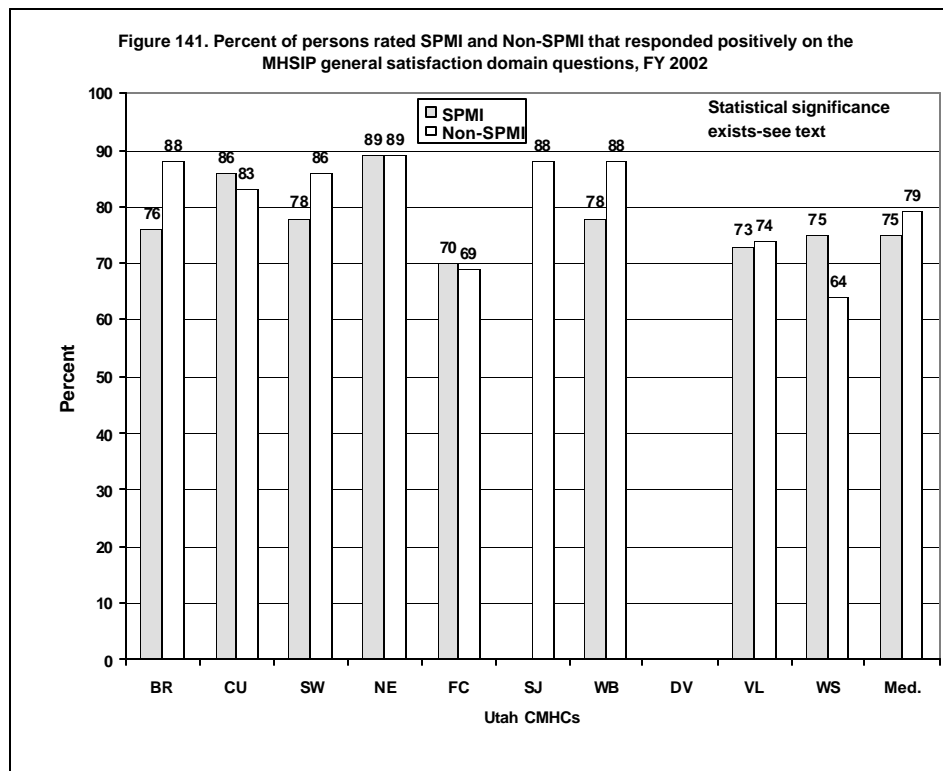


General Satisfaction with Services

The CMHC median for general satisfaction was 82 percent and percents ranged from 70 to 89 (see Figure 140). *Bear River*, *CU* and *SW* were each higher than *VL* and *WS*, and *WB* was higher than *WS*.

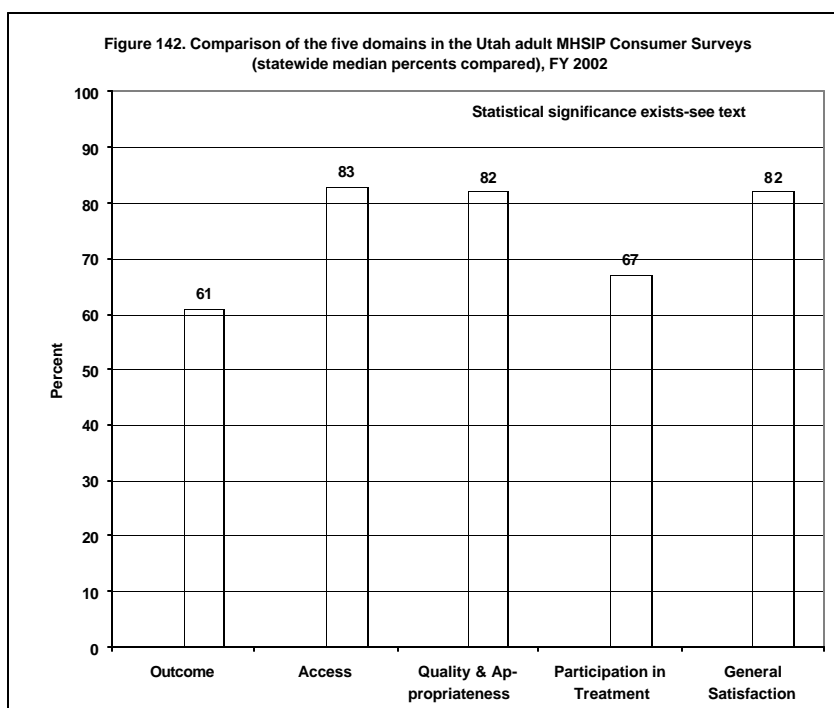


The only significant difference between severity populations in Figure 141 was at *BR* where the Non-SPMI population had the highest positive percent. A similar pattern occurred at *SW* and *WB* but these differences were not statistically significant.



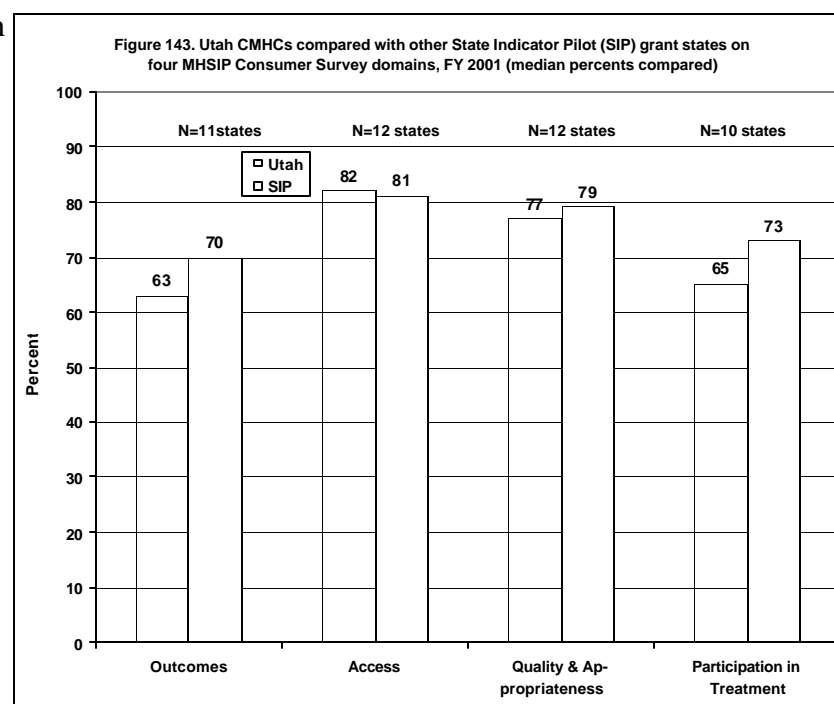
Summary of the MHSIP Perception Domains

Summarized in Figure 142 are the five domains for the system as a whole in FY 2002. Using CMHC medians, over four-fifths of the clients reported being positive about access, quality-appropriateness, and general satisfaction. Two-thirds of the clients rated their participation in treatment decisions positively and a little over six-tenths rated outcomes positively. Differences between outcomes and each of the highest three domains were computed and found to be statistically significant at the .001 level. A similar result ($p < .001$) was obtained when comparing participation in treatment with the same domains of access, quality-appropriateness, and general satisfaction.



Interstate Domain Differences

The Utah public mental health system participated in a grant that was funded by the U.S. Center for Mental Health Services. This 16-state collaborative effort studied 34 indicators. The adult consumer survey, which included four common domains, questions and basic procedures, provided an opportunity to compare Utah results with medians from 10 to 12 states. Utah CMHCs as a whole were substantially below the other state medians on the domains of outcomes (-7%) and participation in treatment (-8%), but about the same on access and quality-appropriateness (see Figure 143). *Caution is urged, however, in interpreting these results because it is not possible to avoid variations in procedures and populations in such large-scale, cross-state studies.*

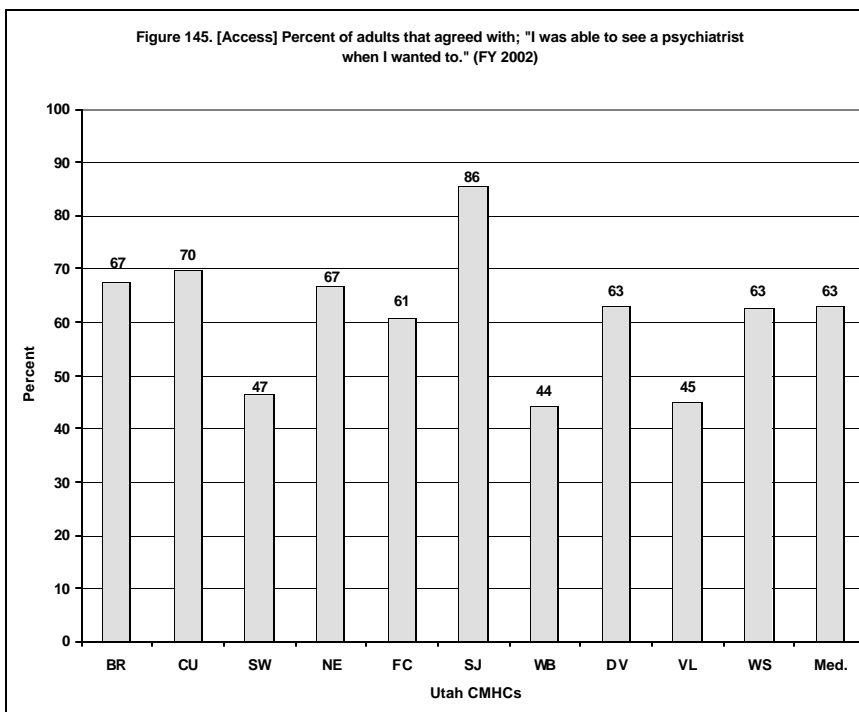
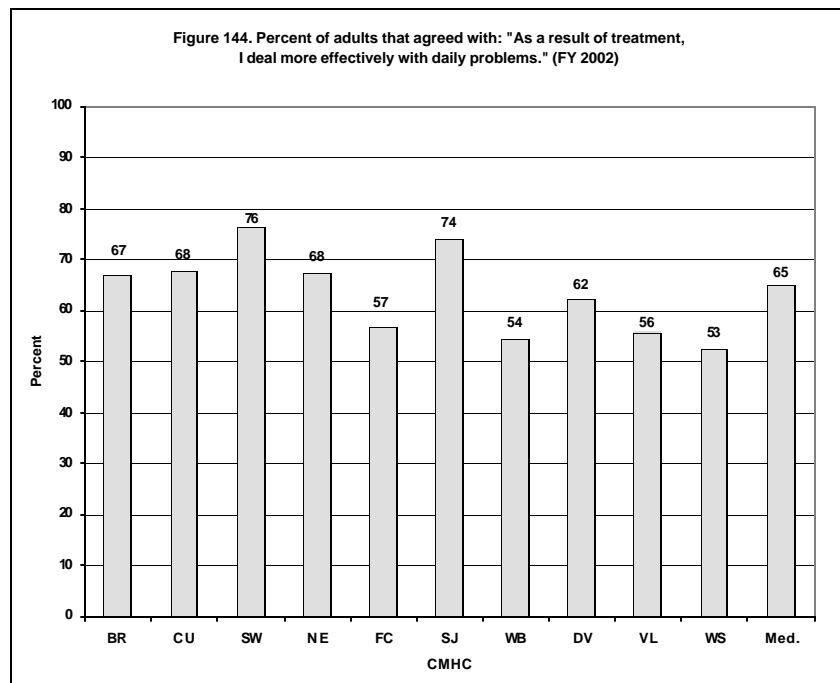


Critical Questions Within Domains

Six critical questions were selected by the authors. However, the results on other MHSIP questions can be made available upon request. Strongly agree and agree responses were combined for each CMHC in the following graphs. Neutral responses were not considered to be positive.

Outcomes

Two items were viewed as most critical in this domain. One question, perception that symptoms were less bothersome, was compared earlier in Figure 131 with the GWB scale on symptoms. The second critical outcomes question is shown in Figure 144: “As a result of treatment, I deal more effectively with daily problems.” The statewide median was 65 percent and percents ranged between 53 and 76 on this question. *Bear River, CU, and SW* were higher than *WB, VL, and WS* and *SW* was higher than *FC and DV*.

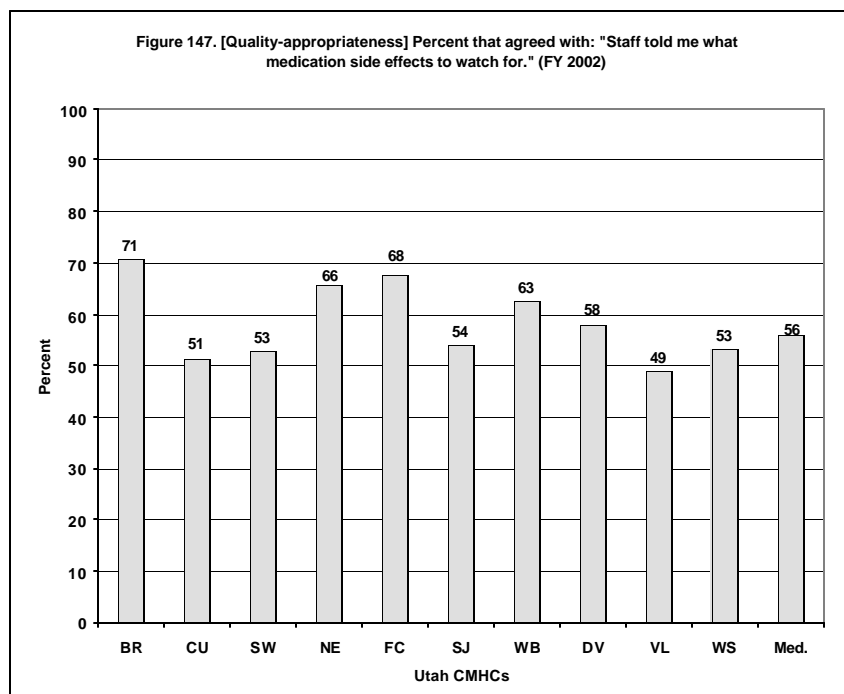
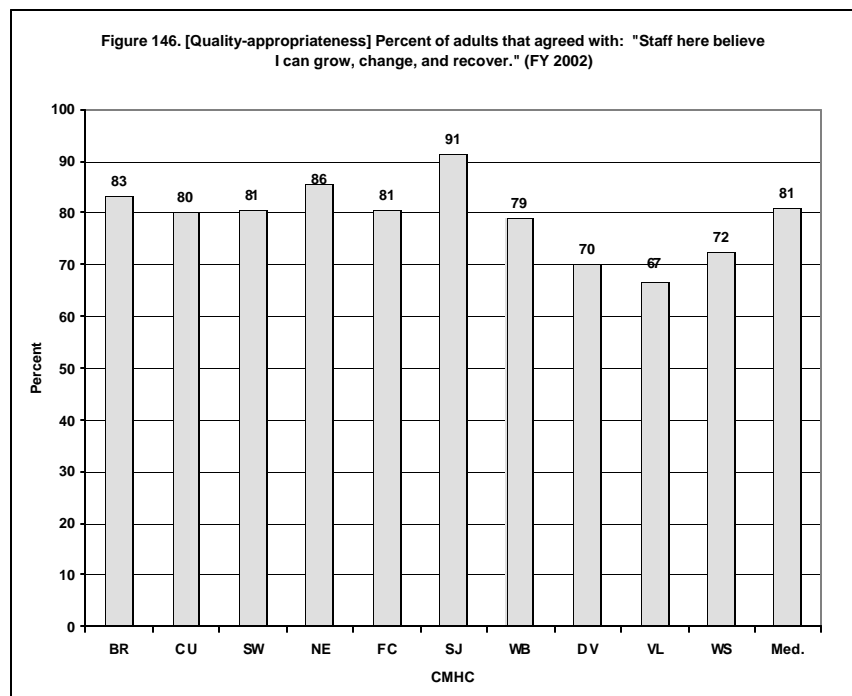


Access

Overall domain access was rated highly by CMHCs (median=83%- see Figure 142). However, from a CQI perspective, it is perhaps more useful to understand types of access that may be problematic. For example, clients were asked whether they agreed with the statement: “I was able to see a psychiatrist when I wanted to.” Figure 145 reveals wide variation on this question. Percents ranged from 44 to 86 percent and the CMHC median was 63 percent. *Bear River, CU, NE, SJ, DV, and WS* were higher than *SW, WB, and VL*.

Quality-Appropriateness

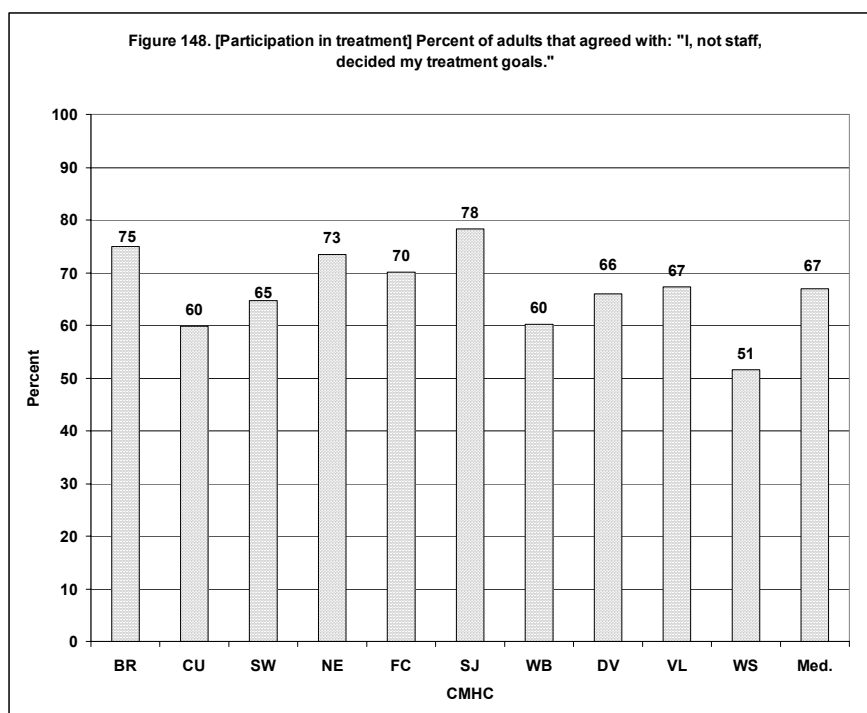
The researchers consider two questions most critical in this domain. The first question appears in Figure 146: “Staff here believe I can grow, change, and recover.” This question is included because less than positive staff attitudes on this question may be a barrier to achieving desirable treatment outcomes. Overall, the median positive response on this question was 81 percent and the range was 67 to 91 percent. *Bear River, CU, SW, NE, and SJ* were higher than DV, VL, and WS; and *WB* was higher than VL.



A second question in this domain was: “Staff told me what medication side effects to watch for.” The statewide median was quite low at 56 percent with a range of 49 to 71 percent (see Figure 147). *Bear River* was higher than CU, SW, SJ, DV, VL, and WS. *Northeastern* was higher than CU and VL; and *FC* was higher than CU, SW, and VL.

Participation in Treatment.

The last chart (Figure 148) shows the response of clients to the question: “I, not staff, decided my treatment goals.” Percents ranged between 51 and 78 and the CMHC median was 67 percent. *Bear River* was higher than CU, SW, WB, VL, and WS; *SW* and *FC* were higher than WS; and *NE, SJ, DV* and *VL* were higher than WS.



Summary

Some of the highlights are summarized below:

- All CMHCs experienced statistically significant change from intake to follow-up using the measured symptoms outcome instrument (GWB).
- Although persons rated SPMI had higher percents as a whole on GWB improvement, these differences were not significantly different from persons rated Non-SPMI.
- Half the CMHCs had higher positive percents on the GWB symptom scale while the other half had higher positive percents on perceived symptom improvement.
- There were statistically significant differences in perceived outcomes.
- With one exception, all CMHCs had higher perceived domain (8 questions) outcomes among those rated Non-SPMI than those rated SPMI.
- Non-Wasatch CMHCs (BR, CU, SW, NE, FC, SJ) generally had higher percents in the perceived access domain than Wasatch Front centers.
- With one exception, the severity populations do not differ in their positive percents in the perceived access domain.
- There were statistically significant differences on the perceived quality-appropriateness domain; however, the severity populations did not differ except at one center.
- While there was substantial variability on the perceived participation in treatment domain between centers, there were no differences between those rated SPMI and Non-SPMI.
- There were some differences on the perceived general satisfaction domain between centers, but only one difference between the severity populations.
- For CMHCs as a whole, over four-fifths rated the domains of access, quality-appropriateness, and general satisfaction positively.
- On the other hand, much smaller proportions rated the outcomes domain (61%) and the participation in treatment domain positively (67%).

- In cross-state comparisons, the Utah public mental health system did less well than 10 to 12 other states on the outcomes domain and the participation in treatment domain.
- There was substantial variation between CMHCs on five specific perception questions:
 - “As a result of treatment I deal more effectively with daily problems.”
 - “I was able to see a psychiatrist when I wanted to.”
 - “Staff here believe I can grow, change, and recover.”
 - “Staff told me what medication side effects to watch for.”
 - “I, not staff, decided my treatment goals.”

Conclusions

- Center comparisons made in this chapter can provide one valuable source for discussions within CMHCs on possible strengths and weaknesses.
- These discussions, if acted upon, may result in program quality improvements.

Appendix A

Client Characteristics

FY 2001

Tables 1-11

Table 1. Ages of unduplicated clients (Both numbers and percents for Fiscal Year 2001)

Provider	0-3	4-12	13-17	18-20	21-30	31-45	46-64	65-74	75+	Subtotal	Missing No.	Missing Percent	Total Clients
BR-N	27	422	298	145	497	568	271	52	38	2318	75	3.1	2,393
%	1.2	18.2	12.9	6.3	21.4	24.5	11.7	2.2	1.6	100.0			
CU-N	18	295	263	157	302	477	263	43	38	1856	35	1.9	1,891
%	1.0	15.9	14.2	8.5	16.3	25.7	14.2	2.3	2.0	100.0			
SW-N	21	517	503	193	494	702	416	64	27	2937	62	2.1	2,999
%	0.7	17.6	17.1	6.6	16.8	23.9	14.2	2.2	0.9	100.0			
NE-N	25	317	285	107	240	307	153	25	8	1467	458	23.8	1,925
%	1.7	21.6	19.4	7.3	16.4	20.9	10.4	1.7	0.5	100.0			
FC-N	23	299	319	135	357	524	220	26	24	1927	160	7.7	2,087
%	1.2	15.5	16.6	7.0	18.5	27.2	11.4	1.3	1.2	100.0			
SJ- N	1	44	64	22	48	80	54	13	22	348	330	48.7	678
%	0.3	12.6	18.4	6.3	13.8	23.0	15.5	3.7	6.3	100.0			
NWF-N	115	1894	1732	759	1938	2658	1377	223	157	10853	1,120	9.4	11,973
%	1.1	17.5	16.0	7.0	17.9	24.5	12.7	2.1	1.4	100.0			
WB-N	109	845	712	362	1085	1539	730	69	88	5539	46	0.8	5,585
%	2.0	15.3	12.9	6.5	19.6	27.8	13.2	1.2	1.6	100.0			
DV-N	8	211	219	137	458	740	303	38	18	2132	132	5.8	2,264
%	0.4	9.9	10.3	6.4	21.5	34.7	14.2	1.8	0.8	100.0			
VL-N	328	2738	2284	770	2694	4607	2758	388	242	16809	105	0.6	16,914
%	2.0	16.3	13.6	4.6	16.0	27.4	16.4	2.3	1.4	100.0			
WS-N	136	1347	711	225	855	1133	626	120	180	5333	53	1.0	5,386
%	2.6	25.3	13.3	4.2	16.0	21.2	11.7	2.3	3.4	100.0			
WF- N	581	5141	3926	1494	5092	8019	4417	615	528	29813	336	1.1	30,149
%	1.9	17.2	13.2	5.0	17.1	26.9	14.8	2.1	1.8	100.0			
CMHC -N	696	7035	5658	2253	7030	10677	5794	838	685	40666	1,456	3.5	42,122
%	1.7	17.3	13.9	5.5	17.3	26.3	14.2	2.1	1.7	100.0			
USH-N	0	34	67	36	132	235	161	33	21	719	0	0.0	719
%	0.0	4.7	9.3	5.0	18.4	32.7	22.4	4.6	2.9	100.0			

Table 2a. Gender of adults (FY 2001)

Provider	Male		Female		Subtotal	Subtotal	Missing No.	% Missing	Total
	No.	Pct.	No.	Pct.	No.	Pct.			
BR	649	41.3	922	58.7	1571	100.0	0	0.0	1571
CU	575	45.0	703	55.0	1278	100.0	2	0.2	1280
SW	803	42.4	1093	57.6	1896	100.0	0	0.0	1896
NE	305	36.3	535	63.7	840	100.0	0	0.0	840
FC	606	47.1	680	52.9	1286	100.0	0	0.0	1286
SJ	120	50.2	119	49.8	239	100.0	0	0.0	239
NWF	3058	43.0	4052	57.0	7110	100.0	2	0.0	7112
WB	1806	46.6	2067	53.4	3873	100.0	0	0.0	3873
DV	768	45.3	926	54.7	1694	100.0	0	0.0	1694
VL	5248	45.8	6211	54.2	11459	100.0	0	0.0	11459
WS	1374	43.8	1765	56.2	3139	100.0	0	0.0	3139
WF	9196	45.6	10969	54.4	20165	100.0	0	0.0	20165
CMHCs	12254	44.9	15021	55.1	27275	100.0	2	0.0	27277
SH	389	62.9	229	37.1	618	100.0	0	0.0	618

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 2b. Gender of children and youth (FY

Provider	Male		Female		Subtotal	Subtotal	Missing No.	% Missing	Total
	No.	Pct.	No.	Pct.	No.	Pct.			
BR	416	55.7	331	44.3	747	100.0	0	0.0	747
CU	334	58.0	242	42.0	576	100.0	0	0.0	576
SW	581	55.8	460	44.2	1041	100.0	0	0.0	1041
NE	326	52.0	301	48.0	627	100.0	0	0.0	627
FC	370	57.7	271	42.3	641	100.0	0	0.0	641
SJ	67	61.5	42	38.5	109	100.0	0	0.0	109
NWF	2094	56.0	1647	44.0	3741	100.0	0	0.0	3741
WB	1025	61.5	641	38.5	1666	100.0	0	0.0	1666
DV	246	56.2	192	43.8	438	100.0	0	0.0	438
VL	3194	59.7	2156	40.3	5350	100.0	0	0.0	5350
WS	1257	57.3	937	42.7	2194	100.0	0	0.0	2194
WF	5722	59.3	3926	40.7	9648	100.0	0	0.0	9648
CMHCs	7816	58.4	5573	41.6	13389	100.0	0	0.0	13389
SH	65	64.4	36	35.6	101	100.0	0	0.0	101

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 3a. Race of adults (FY2001 unduplicated served)

Provider	Black		White		American Indian/ Alaskan Native		Asian/Pacific Islander		Other		Subtotal		Missing	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.			
BR	8	0.5	1477	94.1	34	2.2	7	0.4	44	2.8	1570	100.0	1	0.1	1571
CU	1	0.1	1239	96.9	12	0.9	4	0.3	22	1.7	1278	100.0	2	0.2	1280
SW	3	0.2	1810	95.5	39	2.1	6	0.3	38	2.0	1896	100.0	0	0.0	1896
NE	0	0.0	522	92.2	39	6.9	1	0.2	4	0.7	566	100.0	274	32.6	840
FC	12	0.9	1119	87.4	41	3.2	4	0.3	105	8.2	1281	100.0	5	0.4	1286
SJ	0	0.0	53	43.1	63	51.2	0	0.0	7	5.7	123	100.0	116	48.5	239
NWF	24	0.4	6220	92.6	228	3.4	22	0.3	220	3.3	6714	100.0	398	5.6	7112
WB	140	3.6	3118	80.5	52	1.3	19	0.5	543	14.0	3872	100.0	1	0.0	3873
DV	35	2.1	1565	92.5	13	0.8	6	0.4	73	4.3	1692	100.0	2	0.1	1694
VL	197	2.2	7803	88.3	119	1.3	254	2.9	462	5.2	8835	100.0	2624	22.9	11459
WS	11	0.4	2902	94.1	43	1.4	21	0.7	108	3.5	3085	100.0	54	1.7	3139
WF	383	2.2	15388	88.0	227	1.3	300	1.7	1186	6.8	17484	100.0	2681	13.3	20165
CMHCs	407	1.7	21608	89.3	455	1.9	322	1.3	1406	5.8	24198	100.0	3079	11.3	27277
SH	21	3.4	573	92.7	7	1.1	10	1.6	7	1.1	618	100.0	0	0.0	618

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 3b. Race of children and youth (FY2001 unduplicated served)

Provider	Black		White		American Indian/ Alaskan Native		Asian/Pacific Islander		Other		Subtotal		Missing	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.			
BR	9	1.2	660	88.4	16	2.1	5	0.7	57	7.6	747	100.0	0	0.0	747
CU	4	0.7	543	93.7	8	1.4	2	0.4	19	3.5	576	100.0	0	0.0	576
SW	17	1.6	898	86.6	66	6.3	4	0.4	56	5.1	1041	100.0	0	0.0	1041
NE	0	0.0	352	39.5	46	10.1	1	0.0	4	48.7	403	100.0	224	35.7	627
FC	4	0.6	549	85.3	29	4.6	8	1.3	48	7.6	638	100.0	3	0.5	641
SJ	1	1.6	29	25.9	31	25.9	0	19.8	2	12.9	63	100.0	46	42.2	109
NWF	35	1.0	3031	81.2	196	5.3	20	1.2	186	10.4	3468	100.0	273	7.3	3741
WB	41	2.5	1356	81.6	16	0.9	3	0.1	247	14.8	1663	100.0	3	0.2	1666
DV	13	3.0	385	87.9	4	1.5	4	0.8	30	6.6	436	100.0	2	0.5	438
VL	134	3.7	3218	60.0	50	0.9	49	1.0	184	3.5	3635	100.0	1715	32.1	5350
WS	50	2.5	1710	78.1	47	2.3	45	2.0	168	7.5	2020	100.0	174	7.9	2194
WF	238	3.1	6669	69.1	117	1.2	101	1.1	629	6.5	7754	100.0	1894	19.6	9648
CMHCs	273	2.4	9700	83.6	313	2.7	121	1.0	815	7.0	11222	100.0	2167	16.2	13389
SH	2	2.0	92	92.0	1	1.0	1	1.0	4	4.0	100	100.0	1	1.0	101

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 4a. Hispanic origin of adults (FY 2001)

Provider	Hispanic		Non-Hispanic		Subtotal		Missing	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Missing	No.
BR	58	3.7	1513	96.3	1571	100.0	0	0.0	1571
CU	26	2.0	1251	98.0	1277	100.0	3	0.2	1280
SW	86	4.5	1808	95.5	1894	100.0	2	0.1	1896
NE	20	2.4	820	97.6	840	100.0	0	0.0	840
FC	77	6.0	1209	94.0	1286	100.0	0	0.0	1286
SJ	12	5.1	224	94.9	236	100.0	3	1.3	239
NWF	279	3.9	6825	96.1	7104	100.0	8	0.1	7112
WB	495	13.1	3286	86.9	3781	100.0	92	2.4	3873
DV	107	6.3	1586	93.7	1693	100.0	1	0.1	1694
VL	803	7.0	10656	93.0	11459	100.0	0	0.0	11459
WS	123	3.9	3005	96.1	3128	100.0	11	0.4	3139
WF	1528	7.6	18533	92.4	20061	100.0	104	0.5	20165
CMHCs	1807	6.7	25358	93.3	27165	100.0	112	0.4	27277
SH	37	6.0	581	94.0	618	100.0	0	0.0	618

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 4b. Hispanic origin of children and youth (FY 2001)

Provider	Hispanic		Non-Hispanic		Subtotal		Missing	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Missing	No.
BR	70	9.4	677	90.6	747	100.0	0	0.0	747
CU	22	3.8	553	96.2	575	100.0	1	0.2	576
SW	76	7.3	965	92.7	1041	100.0	0	0.0	1041
NE	24	3.8	603	96.2	627	100.0	0	0.0	627
FC	41	6.4	600	93.6	641	100.0	0	0.0	641
SJ	4	3.7	104	96.3	108	100.0	1	0.9	109
NWF	237	6.3	3502	93.7	3739	100.0	2	0.1	3741
WB	217	13.1	1438	86.9	1655	100.0	11	0.7	1666
DV	29	6.6	408	93.4	437	100.0	1	0.2	438
VL	513	9.6	4837	90.4	5350	100.0	0	0.0	5350
WS	217	9.9	1972	90.1	2189	100.0	5	0.2	2194
WF	976	10.1	8655	89.9	9631	100.0	17	0.2	9648
CMHCs	1213	9.1	12157	90.9	13370	100.0	19	0.1	13389
SH	7	6.9	94	93.1	101	100.0	0	0.0	101

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 5a. Principal diagnosis of adults at admission (FY2001 unduplicated served)

Provider	Substance abuse		Schizophrenia		Major depression		Bipolar disorder		Anxiety disorder		Adjustment disorder		Other disorder		Diagnosis deferred		Subtotal		No.	%	
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	Missing	Missing	Total
BR	44	2.8	123	7.8	349	22.2	97	6.2	113	7.2	123	7.8	707	45.1	13	0.8	1569	100.0	2	0.1	1571
CU	432	33.8	78	6.1	294	23.0	81	6.3	59	4.6	56	4.4	224	17.5	56	4.4	1280	100.0	0	0.0	1280
SW	416	21.9	153	8.1	468	24.7	175	9.2	84	4.4	88	4.6	501	26.4	11	0.6	1896	100.0	0	0.0	1896
NE	17	2.3	37	5.1	254	34.9	47	6.5	42	5.8	64	8.8	250	34.3	17	2.3	728	100.0	112	13.3	840
FC	395	30.8	46	3.6	376	29.4	71	5.5	80	6.2	31	2.4	252	19.7	30	2.3	1281	100.0	5	0.4	1286
SJ	42	18.4	15	6.6	49	21.5	4	1.8	6	2.6	3	1.3	81	35.5	28	12.3	228	100.0	11	4.6	239
NWF	1346	19.3	452	6.5	1790	25.6	475	6.8	384	5.5	365	5.2	2015	28.9	155	2.2	6982	100.0	130	1.8	7112
WB	1033	26.7	395	10.2	358	9.2	249	6.4	136	3.5	183	4.7	1169	30.2	350	9.0	3873	100.0	0	0.0	3873
DV	513	30.9	159	9.6	254	15.3	128	7.7	62	3.7	121	7.3	416	25.0	8	0.5	1661	100.0	33	1.9	1694
VL	2259	19.7	1361	11.9	2553	22.3	910	7.9	407	3.6	304	2.7	3137	27.4	525	4.6	11456	100.0	3	0.0	11459
WS	96	3.1	476	15.2	888	28.3	348	11.1	160	5.1	135	4.3	978	31.2	58	1.8	3139	100.0	0	0.0	3139
WF	3901	19.4	2391	11.9	4053	20.1	1635	8.1	765	3.8	743	3.7	5700	28.3	941	4.7	20129	100.0	36	0.2	20165
CMHC	5247	19.9	2843	10.5	5843	21.5	2110	7.8	1149	7.4	1108	5.3	7715	23.5	1096	4.1	27111	100.0	166	0.6	27277
SH	31	5.0	336	54.4	63	10.2	55	8.9	4	0.6	0	0.0	126	20.4	3	0.5	618	100.0	0	0.0	618

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 5b. Principal diagnosis of adults at admission -- Excluding substance abuse (FY2001 unduplicated served)

Provider	Substance abuse		Schizophrenia		Major depression		Bipolar disorder		Anxiety disorder		Adjustment disorder		Other disorder		Diagnosis deferred		Subtotal	
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.
BR			123	8.1	349	22.9	97	6.4	113	7.4	123	8.1	707	46.4	13	0.9	1525	100.0
CU			78	9.2	294	34.7	81	9.6	59	7.0	56	6.6	224	26.4	56	6.6	848	100.0
SW			153	10.3	468	31.6	175	11.8	84	5.7	88	5.9	501	33.9	11	0.7	1480	100.0
NE			37	5.2	254	35.7	47	6.6	42	5.9	64	9.0	250	35.2	17	2.4	711	100.0
FC			46	5.2	376	42.4	71	8.0	80	9.0	31	3.5	252	28.4	30	3.4	886	100.0
SJ			15	8.1	49	26.3	4	2.2	6	3.2	3	1.6	81	43.5	28	15.1	186	100.0
NWF			452	8.0	1790	31.8	475	8.4	384	6.8	365	6.5	2015	35.8	155	2.8	5636	100.0
WB			395	13.9	358	12.6	249	8.8	136	4.8	183	6.4	1169	41.2	350	12.3	2840	100.0
DV			159	13.9	254	22.1	128	11.1	62	5.4	121	10.5	416	36.2	8	0.7	1148	100.0
VL			1361	14.8	2553	27.8	910	9.9	407	4.4	304	3.3	3137	34.1	525	5.7	9197	100.0
WS			476	15.6	888	29.2	348	11.4	160	5.3	135	4.4	978	32.1	58	1.9	3043	100.0
WF			2391	14.7	4053	25.0	1635	10.1	765	4.7	743	4.6	5700	35.1	941	5.8	16228	100.0
CMHC			2843	13.0	5843	26.7	2110	9.7	1149	5.3	1108	5.1	7715	35.3	1096	5.0	21864	100.0
SH			336	57.2	63	10.7	55	9.4	4	0.7	0	0.0	126	21.5	3	0.5	587	100.0

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 6a. (Numbers) Principal diagnosis of *children and youth* at admission (FY2001 unduplicated served)

Provider	1 Sub- stance abuse	2 Schizo- phrenia	3 Major depres- sion	4 Bi- polar dis.	5 Con- duct dis.	6 Atten- tion deficit	7 Opposi- tional defiant	8 Anx- iety	9 Other child dis.	10 Retarded/ Org. brain disorder	11 Abuse- related disorder	12 Adjust- ment disorder	13 Other dis- order	14 Diag- nosis de- ferred	Subtotal	No. Missing	% Missing	Total
BR	4	4	48	7	62	83	75	26	19	14	83	137	180	5	747	0	0.0	747
CU	60	2	47	7	49	116	32	14	9	9	52	54	100	25	576	0	0.0	576
SW	85	3	93	9	46	78	44	67	20	12	65	72	447	0	1,041	0	0.0	1041
NE	4	1	42	9	30	60	45	13	13	6	69	118	141	7	558	69	11.0	627
FC	56	2	73	6	25	125	80	15	14	8	0	37	174	25	640	1	0.2	641
SJ	5	1	9	1	2	7	7	3	13	2	8	2	37	4	101	8	7.3	109
NWF	214	13	312	39	214	469	283	138	88	51	277	420	1079	66	3,663	78	2.1	3741
WB	153	4	40	20	193	145	146	16	19	7	201	51	462	209	1,666	0	0.0	1666
DV	30	1	31	12	26	66	45	10	8	7	44	55	90	3	428	10	2.3	438
VL	328	8	275	108	322	809	414	162	74	239	707	609	1082	213	5,350	0	0.0	5350
WS	8	7	139	39	125	305	178	38	51	91	39	604	552	18	2,194	0	0.0	2194
WF	519	20	485	179	666	1325	783	226	152	344	991	1319	2186	443	9,638	10	0.1	9648
CMHC	733	33	797	218	880	1794	1066	364	240	395	1268	1739	3265	509	13,301	88	0.7	13389
SH	0	9	13	26	6	4	0	1	4	1	0	0	37	0	101	0	0.0	101

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 6b. (Percents) Principal diagnosis of *children and youth* at admission (FY2001 unduplicated served)

Provider	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Subtotal %
BR	0.5	0.5	6.4	0.9	8.3	11.1	10.0	3.5	2.5	1.9	11.1	18.3	24.1	0.7	100.0
CU	10.4	0.3	8.2	1.2	8.5	20.1	5.6	2.4	1.6	1.6	9.0	9.4	17.4	4.3	100.0
SW	8.2	0.3	8.9	0.9	4.4	7.5	4.2	6.4	1.9	1.2	6.2	6.9	42.9	0.0	100.0
NE	0.7	0.2	7.5	1.6	5.4	10.8	8.1	2.3	2.3	1.1	12.4	21.1	25.3	1.3	100.0
FC	8.8	0.3	11.4	0.9	3.9	19.5	12.5	2.3	2.2	1.3	0.0	5.8	27.2	3.9	100.0
SJ	5.0	1.0	8.9	1.0	2.0	6.9	6.9	3.0	12.9	2.0	7.9	2.0	36.6	4.0	100.0
NWF	5.8	0.4	8.5	1.1	5.8	12.8	7.7	3.8	2.4	1.4	7.6	11.5	29.5	1.8	100.0
WB	9.2	0.2	2.4	1.2	11.6	8.7	8.8	1.0	1.1	0.4	12.1	3.1	27.7	12.5	100.0
DV	7.0	0.2	7.2	2.8	6.1	15.4	10.5	2.3	1.9	1.6	10.3	12.9	21.0	0.7	100.0
VL	6.1	0.1	5.1	2.0	6.0	15.1	7.7	3.0	1.4	4.5	13.2	11.4	20.2	4.0	100.0
WS	0.4	0.3	6.3	1.8	5.7	13.9	8.1	1.7	2.3	4.1	1.8	27.5	25.2	0.8	100.0
WF	5.4	0.2	5.0	1.9	6.9	13.7	8.1	2.3	1.6	3.6	10.3	13.7	22.7	4.6	100.0
CMHC	5.5	0.2	6.0	1.6	6.6	13.5	8.0	2.7	1.8	3.0	9.5	13.1	24.5	3.8	100.0
SH	0.0	8.9	12.9	25.7	5.9	4.0	0.0	1.0	4.0	1.0	0.0	0.0	36.6	0.0	100.0

Table 7a. Severity of mental illness of adults at admission (FY2001 unduplicated served)

	SPMI		Not SPMI		Subtotal		No.	%	
Provider	No.	Pct.	No.	Pct.	No.	Pct.	Missing	Missing	Total
BR	831	52.9	740	47.1	1571	100.0	0	0.0	1571
CU	385	30.1	895	69.9	1280	100.0	35	1.9	1280
SW	647	34.1	1248	65.9	1895	100.0	1	0.1	1896
NE	387	52.7	391	47.3	778	100.0	62	7.4	840
FC	434	33.7	852	66.3	1286	100.0	0	0.0	1286
SJ	39	16.3	200	83.7	239	100.0	0	0.0	239
NWF	2723	38.6	4326	61.4	7049	100.0	63	0.9	7112
WB	1406	36.3	2467	63.7	3873	100.0	0	0.0	3873
DV	362	25.3	1069	74.7	1431	100.0	263	15.5	1694
VL	6330	55.2	5129	44.8	11459	100.0	0	0.0	11459
WS	1514	48.2	1625	51.8	3139	100.0	0	0.0	3139
WF	9612	48.3	10290	51.7	19902	100.0	263	1.3	20165
CMHCs	12335	45.8	14616	54.2	26951	100.0	326	1.2	27277
SH	610	99.2	5	0.8	615	100.0	3	0.5	618

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 7b. Severity of mental illness of children and youth at admission (FY2001 unduplicated served)

	SED		Not SED		Subtotal		No.	%	
Provider	No.	Pct.	No.	Pct.	No.	Pct.	Missing	Missing	Total
BR	366	49.0	381	51.0	747	100.0	0	0.0	747
CU	182	31.6	394	68.4	576	100.0	35	1.9	576
SW	579	55.6	462	44.4	1041	100.0	0	0.0	1041
NE	257	43.3	337	56.7	594	100.0	33	5.3	627
FC	224	34.9	417	65.1	641	100.0	0	0.0	641
SJ	13	11.9	96	88.1	109	100.0	0	0.0	109
NWF	1621	44.8	2087	55.2	3708	100.0	33	0.9	3741
WB	366	22.0	1300	78.0	1666	100.0	0	0.0	1666
DV	92	27.4	244	72.6	336	100.0	102	23.3	438
VL	3511	65.6	1839	34.4	5350	100.0	0	0.0	5350
WS	805	36.7	1389	63.3	2194	100.0	0	0.0	2194
WF	4774	50.0	4772	50.0	9546	100.0	102	1.1	9648
CMHCs	6395	48.2	6859	51.8	13254	100.0	135	1.0	13389
SH	100	100.0	0	0.0	100	100.0	1	1.0	101

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 8. Employment status of adults at admission (FY2001 unduplicated served)

Provider	Full-time		Part-time		Student		Retired		Not employed		Subtotal		¹ Missing	¹ Missing	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	%	No.
BR	371	25.4	195	13.4	102	7.0	67	4.6	723	49.6	1458	100.0	113	7.2	1571
CU	297	26.2	150	13.3	109	9.6	88	7.8	488	43.1	1132	100.0	148	11.6	1280
SW	444	26.5	251	15.0	68	4.1	63	3.8	848	50.7	1674	100.0	222	11.7	1896
NE	139	19.0	121	14.8	40	5.5	20	2.8	417	57.9	737	100.0	103	12.3	840
FC	309	29.4	153	14.6	54	5.1	38	3.6	496	47.2	1050	100.0	236	18.4	1286
SJ	36	19.7	28	15.3	11	6.0	70	38.3	38	20.8	183	100.0	56	23.4	239
NWF	1596	25.6	898	14.4	384	6.2	346	5.6	3010	48.3	6234	100.0	878	12.3	7112
WB	850	22.5	462	12.2	367	9.7	57	1.5	2049	54.1	3785	100.0	88	2.3	3873
DV	389	27.7	152	10.8	54	3.9	35	2.5	772	55.1	1402	100.0	292	17.2	1694
VL	2312	21.0	1143	10.4	510	4.6	301	2.7	6751	61.3	11017	100.0	442	3.9	11459
WS	420	17.6	264	11.1	153	6.4	248	10.4	1299	54.5	2384	100.0	755	24.1	3139
WF	3971	21.4	2021	10.9	1084	5.8	641	3.4	10871	58.5	18588	100.0	1577	7.8	20165
CMHCs	5567	22.4	2919	11.8	1468	5.9	987	4.0	13881	55.9	24822	100.0	2455	9.0	27277
SH	3	1.2	0	0.0	11	4.4	0	0.0	236	94.4	250	100.0	368	59.5	618

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 9. Marital status of adults at admission (FY2001 unduplicated served)

Provider	Never married		Now married		Separated		Divorced		Widowed		Subtotal		² Missing	² Missing	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	%	No.
BR	532	34.0	524	33.5	131	8.4	333	21.3	45	2.9	1565	100.0	6	0.4	1571
CU	369	30.0	498	40.6	62	5.0	262	21.3	38	3.1	1228	100.1	52	4.1	1280
SW	565	29.8	588	31.0	188	9.9	486	25.6	69	3.6	1896	100.0	0	0.0	1896
NE	15	2.1	444	61.8	105	14.6	122	17.0	33	4.6	719	100.0	121	14.4	840
FC	413	32.5	357	28.1	116	9.1	324	25.5	60	4.7	1270	100.0	16	1.2	1286
SJ	67	33.2	68	33.7	12	5.9	36	17.8	19	9.4	202	100.0	37	15.5	239
NWF	1959	30.0	2253	34.5	576	8.8	1485	22.8	253	3.9	6526	100.0	586	8.2	7112
WB	1377	35.7	786	20.4	541	14.0	1053	27.3	98	2.5	3855	100.0	18	0.5	3873
DV	643	38.1	393	23.3	163	9.7	452	26.8	37	2.2	1688	100.0	6	0.4	1694
VL	4698	43.3	2106	19.4	979	9.0	2690	24.8	375	3.5	10848	100.0	611	5.3	11459
WS	1135	36.9	699	22.7	291	9.5	787	25.6	164	5.3	3076	100.0	63	2.0	3139
WF	7750	40.0	3982	20.6	1978	10.2	4984	25.7	674	3.5	19368	100.0	797	4.0	20165
CMHCs	9761.5	37.4	6349	24.3	2571	9.8	6507	24.9	932.5	3.6	26121	100.0	1156	4.2	27277
SH	366	61.6	67	11.3	16	2.7	128	21.5	17	2.9	594	100.0	24	3.9	618

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 10a. Residential arrangement of adults at admission (FY2001 unduplicated served)

Provider	Street or Shelter		Private Residence		Other Residential		Jail or Prison		Other Institution		Subtotal		Missing	% Missing	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.		No.
BR	4	0.3	1327	94.4	58	4.1	9	0.6	7	0.5	1405	100.0	166	10.6	1571
CU	14	1.1	1128	88.3	110	8.6	5	0.4	21	1.6	1278	100.0	2	0.2	1280
SW	27	1.4	1706	90.1	132	7.0	21	1.1	8	0.4	1894	100.0	2	0.1	1896
NE	25	3.4	663	90.0	41	5.6	2	0.3	6	0.8	737	100.0	103	12.3	840
FC	11	1.6	551	79.4	114	16.4	5	0.7	13	1.9	694	100.0	592	46.0	1286
SJ	0	0.0	104	81.3	21	16.4	0	0.0	3	2.3	128	100.0	111	46.4	239
NWF	81	1.3	5479	89.3	476	7.8	42	0.7	58	0.9	6136	100.0	976	13.7	7112
WB	188	13.1	595	41.4	452	31.5	0	0.0	202	14.1	1437	100.0	2436	62.9	3873
DV	8	0.5	1558	92.1	31	1.8	21	1.2	73	4.3	1691	100.0	3	0.2	1694
VL	326	3.5	8538	90.4	394	4.2	69	0.7	119	1.3	9446	100.0	2013	17.6	11459
WS	151	4.9	2328	75.7	553	18.0	12	0.4	32	1.0	3076	100.0	63	2.0	3139
WF	673	4.3	13019	83.2	1430	9.1	102	0.7	426	2.7	15650	100.0	4515	22.4	20165
CMHCs	754	3.5	18498	84.9	1906	8.7	144	0.7	484	2.2	21786	100.0	5491	20.1	27277
SH	0	0.0	8	1.3	13	2.1	238	39.0	352	57.6	611	100.0	7	1.1	618

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 10b. Residential arrangement of children and youth at admission (FY2001 unduplicated served)

Provider	Street or Shelter		Private Residence		Other Residential		Jail or Prison		Other Institution		Subtotal		Missing	% Missing	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.		No.
BR	4	0.5	730	99.2	2	0.3	0	0.0	0	0.0	736	100.0	11	1.5	747
CU	2	0.3	572	99.3	2	0.3	0	0.0	0	0.0	576	100.0	0	0.0	576
SW	0	0.0	912	87.6	117	11.2	3	0.3	9	0.9	1041	100.0	0	0.0	1041
NE	5	0.9	512	90.3	41	7.2	1	0.2	8	1.4	567	100.0	60	9.6	627
FC	4	1.2	144	42.5	184	54.3	5	1.5	2	0.6	339	100.0	302	47.1	641
SJ	0	0.0	69	98.6	1	1.4	0	0.0	0	0.0	70	100.0	39	35.8	109
NWF	15	0.5	2939	88.3	347	10.4	9	0.3	19	0.6	3329	100.0	412	11.0	3741
WB	1	0.3	47	13.5	228	65.5	0	0.0	72	20.7	348	100.0	1318	79.1	1666
DV	0	0.0	430	98.4	5	1.1	2	0.5	0	0.0	437	100.0	1	0.2	438
VL	70	1.8	3826	96.0	77	1.9	6	0.2	7	0.2	3986	100.0	1364	25.5	5350
WS	7	0.3	2101	97.8	35	1.6	1	0.0	5	0.2	2149	100.0	45	2.1	2194
WF	78	1.1	6404	92.5	345	5.0	9	0.1	84	1.2	6920	100.0	2728	28.3	9648
CMHCs	93	0.9	9343	91.2	692	6.8	18	0.2	103	1.0	10249	100.0	3140	23.5	13389
SH	0	0.0	30	30.0	20	20.0	6	6.0	44	44.0	100	100.0	1	1.0	101

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 11a. Referral source of *adults* at admission (FY2001 unduplicated served)

Provider	Self, Family or Friend		Physician/ Medical Facility		Court/Police/ Corrections		Educational System		Social/Community Agency		Public Psychiatric/MH program		Other		Subtotal		Missing	% Missing	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.		No.
BR	793	50.7	233	14.9	147	9.4	12	0.8	153	9.8	56	3.6	171	10.9	1,565	100.0	6	0.4	1571
CU	768	60.0	138	10.8	220	17.2	15	1.2	75	5.9	33	2.6	30	2.3	1,279	100.0	1	0.1	1280
SW	822	43.5	272	14.4	325	17.2	7	0.4	208	11.0	110	5.8	147	7.8	1,891	100.0	5	0.3	1896
NE	397	53.9	123	16.7	46	6.2	2	0.3	107	14.5	6	0.8	56	7.6	737	100.0	103	12.3	840
FC	594	46.8	65	5.1	135	10.6	8	0.6	88	6.9	48	3.8	332	26.1	1,270	100.0	16	1.2	1286
SJ	80	37.7	26	12.3	22	10.4	3	1.4	27	12.7	2	0.9	52	24.5	212	100.0	27	11.3	239
NWF	3454	49.7	857	12.3	895	12.9	47	0.7	658	9.5	255	3.7	788	11.3	6,954	100.0	158	2.2	7112
WB	1345	34.7	317	8.2	1142	29.5	9	0.2	445	11.5	89	2.3	525	13.6	3,872	100.0	1	0.0	3873
DV	700	42.4	93	5.6	485	29.4	8	0.5	126	7.6	124	7.5	113	6.9	1,649	100.0	45	2.7	1694
VL	5568	53.3	908	8.7	2522	24.2	22	0.2	558	5.3	128	1.2	734	7.0	10,440	100.0	1019	8.9	11459
WS	1181	39.5	405	13.5	353	11.8	19	0.6	504	16.9	131	4.4	397	13.3	2,990	100.0	149	4.7	3139
WF	8794	46.4	1723	9.1	4502	23.8	58	0.3	1633	8.6	472	2.5	1769	9.3	18,951	100.0	1214	6.0	20165
CMHCs	12248	47.3	2580.0	10.0	5397.0	20.8	105.0	0.4	2291.0	8.8	727	2.8	2,557	9.9	25,905	100.0	1372	5.0	27277
SH	0	0.0	0	0.0	245	39.7	0	0.0	82	13.3	290	47.0	0	0.0	617	100.0	1	0.2	618

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 11b. Referral source of *children and youth* at admission (FY2001 unduplicated served)

Provider	Self, Family or Friend		Physician/ Medical Facility		Court/Police/ Corrections		Educational System		Social/Community Agency		Public Psychiatric/MH program		Other		Subtotal		Missing	% Missing	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.		No.
BR	309	41.4	60	8.0	69	9.2	107	14.3	156	20.9	10	1.3	35	4.7	746	100.0	1	0.1	747
CU	376	65.3	38	6.6	35	6.1	24	4.2	70	12.2	10	1.7	23	4.0	576	100.0	0	0.0	576
SW	336	32.3	73	7.0	160	15.4	135	13.0	281	27.0	30	2.9	25	2.4	1,040	100.0	1	0.1	1041
NE	228	40.3	48	8.5	38	6.7	19	3.4	199	35.2	1	0.2	33	5.8	566	100.0	61	9.7	627
FC	245	39.1	22	3.5	62	9.9	74	11.8	163	26.0	15	2.4	45	7.2	626	100.0	15	2.3	641
SJ	46	45.5	3	3.0	4	4.0	20	19.8	19	18.8	0	0.0	9	8.9	101	100.0	8	7.3	109
NWF	1540	42.1	244	6.7	368	10.1	379	10.4	888	24.3	66	1.8	170	4.7	3,655	100.0	86	2.3	3741
WB	354	21.3	81	4.9	345	20.8	84	5.1	554	33.4	48	2.9	195	11.7	1,661	100.0	5	0.3	1666
DV	204	46.7	25	5.7	56	12.8	28	6.4	93	21.3	18	4.1	13	3.0	437	100.0	1	0.2	438
VL	3181	60.7	78	1.5	469	8.9	196	3.7	1211	23.1	27	0.5	79	1.5	5,241	100.0	109	2.0	5350
WS	778	36.8	76	3.6	137	6.5	390	18.5	671	31.8	11	0.5	50	2.4	2,113	100.0	81	3.7	2194
WF	4517	47.8	260	2.8	1007	10.7	698	7.4	2529	26.8	104	1.1	337	3.6	9,452	100.0	196	2.0	9648
CMHCs	6057	46.2	504.0	3.8	1375.0	10.5	1077.0	8.2	3417.0	26.1	170	1.3	507	3.9	13,107	100.0	282	2.1	13389
SH	0	0.0	0	0.0	1	1.0	0	0.0	5	5.0	95	94.1	0	0.0	101	100.0	0	0.0	101

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 12a. Expected principal payment source at admission as perceived by adults (FY2001 unduplicated served)

Provider	Mental Health Org.		Personal Resources		Commercial Insurance		Medicaid		Medicare		Other Sources		Subtotal		Missing	% Missing	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.		No.
BR	0	0.0	495	32.7	315	20.8	643	42.5	47.0	3.1	14	0.9	1514	100.0	57	3.6	1571
CU	213	16.6	381	29.8	177	13.8	377	29.5	65.0	5.1	67	5.2	1280	100.0	0	0.0	1280
SW	0	0.0	744	39.3	330	17.4	630	33.2	130.0	6.9	61	3.2	1895	100.0	1	0.1	1896
NE	29	3.5	319	38.2	130	15.6	290	34.7	36.0	4.3	32	3.8	836	100.0	4	0.5	840
FC	252	19.7	581	45.4	128	10.0	283	22.1	20.0	1.6	17	1.3	1281	100.0	5	0.4	1286
SJ	108	45.2	32	13.4	13	5.4	4	1.7	5.0	2.1	77	32.2	239	100.0	0	0.0	239
NWF	602	8.5	2552	36.2	1093	15.5	2227	31.6	303	4.3	268	3.8	7045	100.0	67	0.9	7112
WB	1650	42.8	0	0.0	254	6.6	1462	37.9	87.0	2.3	405	10.5	3858	100.0	15	0.4	3873
DV	2	0.1	579	40.3	135	9.4	372	25.9	55.0	3.8	294	20.5	1437	100.0	257	15.2	1694
VL	4261	52.2	0	0.0	1156	14.2	2268	27.8	420.0	5.1	56	0.7	8161	100.0	3298	28.8	11459
WS	651	20.7	21	0.7	277	8.8	1503	47.9	132.0	4.2	555	17.7	3139	100.0	0	0.0	3139
WF	6564	39.6	600	3.6	1822	11.0	5605	33.8	694.0	4.2	1310	7.9	16595	100.0	3570	17.7	20165
CMHCs	7166	30.3	3152	13.3	2915	12.3	7832	33.1	997	4.2	1578	6.7	23640	100.0	3637	13.3	27277

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 12b. Expected payment source at admission for *children and youth* as perceived by parents (FY2001 unduplicated served)

Provider	Mental Health Org.		Personal Resources		Commercial Insurance		Medicaid		Medicare		Other Sources		Subtotal		Missing	% Missing	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.		No.
BR	0	0.0	109	14.7	144	19.5	462	62.5	0.0	0.0	24	3.2	739	100.0	8	1.1	747
CU	38	6.6	73	12.7	117	20.3	292	50.7	2.0	0.3	54	9.4	576	100.0	0	0.0	576
SW	0	0.0	108	10.4	211	20.3	619	59.5	0.0	0.0	103	9.9	1041	100.0	0	0.0	1041
NE	6	1.0	115	18.4	98	15.7	374	59.8	3.0	0.5	29	4.6	625	100.0	2	0.3	627
FC	126	19.8	140	22.0	74	11.6	286	44.9	1.0	0.2	10	1.6	637	100.0	4	0.6	641
SJ	62	56.9	10	9.2	3	2.8	3	2.8	3.0	2.8	28	25.7	109	100.0	0	0.0	109
NWF	232	6.2	555	14.9	647	17.4	2036	54.6	9.0	0.2	248	6.7	3727	100.0	14	0.4	3741
WB	156	9.4	0	0.0	98	5.9	1181	71.1	1.0	0.1	226	13.6	1662	100.0	4	0.2	1666
DV	0	0.0	49	12.1	27	6.7	269	66.4	1.0	0.2	59	14.6	405	100.0	33	7.5	438
VL	958	20.0	0	0.0	1025	21.4	2655	55.6	0.0	0.0	141	3.0	4779	100.0	571	10.7	5350
WS	227	10.4	7	0.3	85	3.9	1399	63.9	0.0	0.0	473	21.6	2191	100.0	3	0.1	2194
WF	1341	14.8	56	0.6	1235	13.7	5504	60.9	2.0	0.0	899	9.9	9037	100.0	611	6.3	9648
CMHCs	1573	12.3	611	4.8	1882	14.7	7540	59.1	11	0.1	1147	9.0	12764	100.0	625	4.7	13389

In addition, there are 1456 clients with age as missing data. It is unknown whether they are adults or children/youth.

Appendix B

Services Profiles

FY 2001

Tables 12-22

Table 13. (All Clients) Non-duplicated persons served, total expenditures, and expenditures per person, by CMHC and Utah State Hospital and by year

¹ Non-duplicated persons served					² Total Expenditures				Average expenditures per person			
CMHC	Fiscal Year				Fiscal Year				Fiscal Year			
	1999	2000	2001	2002	1999	2000	2001	2002	1999	2000	2001	2002
³ BR	2,272	2,211	2,393	2,714	\$4,153,248	\$4,564,709	\$4,856,300	\$ 5,610,597	\$1,828	\$2,065	\$ 2,029	\$ 2,067
CU	1,377	1,575	1,891	2,283	\$3,200,956	\$3,207,687	\$3,530,400	\$ 3,660,100	\$2,325	\$2,037	\$ 1,867	\$ 1,603
SW	2,806	2,859	2,999	3,303	\$6,231,118	\$7,548,469	\$7,839,400	\$ 7,879,390	\$2,221	\$2,640	\$ 2,614	\$ 2,386
NE	1,696	1,487	1,925	1,241	\$1,262,252	\$2,030,000	\$2,054,500	\$ 2,460,733	\$744	\$1,365	\$ 1,067	\$ 1,983
FC	1,868	1,988	2,087	2,141	\$2,791,398	\$2,732,945	\$3,603,800	\$ 3,979,599	\$1,494	\$1,375	\$ 1,727	\$ 1,859
SJ	632	762	678	713	\$809,004	\$707,711	\$928,900	\$ 1,025,000	\$1,280	\$929	\$ 1,370	\$ 1,438
NWF	10,651	10,882	11,973	12,395	\$18,447,976	\$20,791,521	\$22,813,300	\$ 24,615,419	\$1,732	\$1,911	\$ 1,905	\$ 1,986
WB	6,180	6,295	5,585	5,414	\$8,948,816	\$10,781,730	\$8,903,400	\$ 12,941,467	\$1,448	\$1,713	\$ 1,594	\$ 2,390
DV	4,212	3,552	2,264	4,353	\$7,010,190	\$7,764,296	\$7,911,300	\$ 8,289,044	\$1,664	\$2,186	\$ 3,494	\$ 1,904
VL	16,156	16,533	16,914	16,252	\$55,651,563	\$57,860,419	\$65,043,700	\$ 70,457,965	\$3,445	\$3,500	\$ 3,846	\$ 4,335
WS	4,756	5,522	5,386	5,830	\$11,688,070	\$13,330,626	\$14,644,600	\$ 15,762,029	\$2,458	\$2,414	\$ 2,719	\$ 2,704
WF	31,304	31,902	30,149	31,849	\$83,298,639	\$89,737,071	\$96,503,000	\$ 107,450,505	\$2,661	\$2,813	\$ 3,201	\$ 3,374
Total	41,955	42,784	42,122	44,244	\$101,746,616	\$110,528,592	\$119,316,300	\$ 132,065,924	\$2,425	\$2,583	\$ 2,833	\$ 2,985
USH	591	684	719	747	\$32,097,061	\$ 36,029,017	\$ 41,272,327	\$ 41,126,900	\$ 54,310	\$52,674	\$57,402	\$55,056

¹Unduplicated counts are within, not between CMHCs. Some consumers may have transferred within the year and received service from more than one CMHC.

²Source: Division of Mental Health annual expenditure reports from providers.

³Code: BR=Bear River, CU=Central Utah, SW=Southwest, NE=Northeastern, FC=Four Corners, SJ =San Juan, WB=Weber, DV=Davis, VL=Valley, WS=Wasatch, WF=Wasatch Front, NWF=Non-Wasatch Front, CMHCs=Community Mental Health Centers.

Table 2. Overall penetration rates (percent of population served), by CMHC and Fiscal Year (**All Clients**)(1999--2002)

CMHC	Non-duplicated persons served Fiscal Year				Utah Census population at beginning of Fiscal Year				Percent of Population Served Fiscal Year			
	1999	2000	2001	2002	1999	2000	2001	2002	1999	2000	2001	2002
³ BR	2,272	2,211	2,393	2,714	131,722	134,251	136,712	138,600	1.72	1.65	1.75	1.96
CU	1,377	1,575	1,891	2,283	64,676	65,250	66,506	67,208	2.13	2.41	2.84	3.40
SW	2,806	2,859	2,999	3,303	132,553	137,658	142,006	147,369	2.12	2.08	2.11	2.24
NE	1,696	1,487	1,925	1,241	39,222	40,181	40,627	41,639	4.32	3.70	4.74	2.98
FC	1,868	1,988	2,087	2,141	39,951	39,924	39,715	39,715	4.68	4.98	5.25	5.39
SJ	632	762	678	713	14,779	14,573	14,360	14,063	4.28	5.23	4.72	5.07
NWF	10,651	10,882	11,973	12,395	422,903	431,837	439,926	448,594	2.52	2.52	2.72	2.76
WB	6,180	6,295	5,585	5,414	196,442	200,481	204,722	207,864	3.15	3.14	2.73	2.60
DV	4,212	3,552	2,264	4,353	229,450	235,364	240,204	244,845	1.84	1.51	0.94	1.78
VL	16,156	16,533	16,914	16,252	933,885	952,309	974,374	993,989	1.73	1.74	1.74	1.64
WS	4,756	5,522	5,386	5,830	358,952	373,023	387,327	401,639	1.32	1.48	1.39	1.45
WF	31,304	31,902	30,149	31,849	1,718,729	1,761,177	1,806,627	1,848,337	1.82	1.81	1.67	1.72
Total	41,955	42,784	42,122	44,244	2,141,632	2,193,014	2,246,553	2,296,931	1.96	1.95	1.87	1.93

¹Unduplicated counts are within, not between CMHCs. Some consumers may have transferred within the year and received service from more than one CMHC.

²Source: Division of Mental Health annual expenditure reports from providers.

³Code: BR=Bear River, CU=Central Utah, SW=Southwest, NE=Northeastern, FC=Four Corners, SJ =San Juan, WB=Weber, DV=Davis, VL=Valley, WS=Wasatch, WF=Wasatch Front, NFW=Non-Wasatch Front, CMHCs=Community Mental Health Centers.

Table 15. (All Clients) Unduplicated persons served *within* service types, duplicated persons served *across* service types, by CMHC in FY 2001

Provider	All Clients No.	Services to all persons											
		¹ Clinic Services		² Day Treatment		³ Residential Support		⁴ Residential Treatment		⁵ Inpatient Treatment		Duplicated total	
		No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2
BR	2,393	2,361	98.7	425	17.8	0	0.0	43	1.8	151	6.3	2,980	124.5
CU	1,891	1,844	97.5	310	16.4	28	1.5	1	0.1	44	2.3	2,227	117.8
SW	2,999	2,861	95.4	559	18.6	29	1.0	78	2.6	0	0.0	3,527	117.6
NE	1,925	901	46.8	0	0.0	0	0.0	0	0.0	0	0.0	901	46.8
FC	2,087	2,071	99.2	188	9.0	0	0.0	0	0.0	65	3.1	2,324	111.4
SJ	678	677	99.9	58	8.6	0	0.0	0	0.0	0	0.0	735	108.4
NWF	11,973	10,715	89.5	1,540	12.9	57	0.5	122	1.0	260	2.2	12,694	106.0
WB	5,585	5,533	99.1	478	8.6	55	1.0	91	1.6	166	3.0	6,323	113.2
DV	2,264	2,240	98.9	348	15.4	25	1.1	230	10.2	92	4.1	2,935	129.6
VL	16,914	16,703	98.8	3,113	18.4	369	2.2	848	5.0	774	4.6	21,807	128.9
WS	5,386	5,284	98.1	1,098	20.4	69	1.3	79	1.5	427	7.9	6,957	129.2
WF	30,149	29,760	98.7	5,037	16.7	518	1.7	1,248	4.1	1,459	4.8	38,022	126.1
Centers	42,122	40,475	96.1	6,577	15.6	575	1.4	1,370	3.3	1,719	4.1	50,716	120.4

¹Clinic services is defined in the footnote to Table 5.

²Day treatment is sometimes referred to as partial hospitalization, psychosocial rehabilitation, or skills development. The program runs at least three hours but less than 24 hours per session and provides more structure than outpatient, but less structure than residential support and residential treatment.

³This program provides 24-hour care and support in an overnight group residential setting. Programs are not required to provide 24-hour awake supervision. Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, housekeeping, and independent living skills.

⁴This highly structured program provides 24-hour intensive psychosocial treatment and other supportive mental health services in an overnight group residential setting. The purpose is to prevent inpatient care and to help persons transition from inpatient care.

⁵Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 15a. (Persons rated **SMI**) Unduplicated persons served within service types, duplicated persons served across service types, by CMHC in FY 2001

Provider	Persons rated SPMI	Services to <i>persons</i> rated SMI											
		¹ Clinic Services		² Day Treatment		³ Residential Support		⁴ Residential Treatment		⁵ Inpatient Treatment		Duplicated total of SMI persons receiving services	
	No.	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2
BR	1,198	1,184	98.8	324	27.0	0	0.0	38	3.2	92	7.7	1,638	136.7
CU	569	562	98.8	136	23.9	23	4.0	1	0.2	18	3.2	740	130.1
SW	1,226	1,202	98.0	302	24.6	28	2.3	5	0.4	0	0.0	1,537	125.4
NE	644	386	59.9	0	0.0	0	0.0	0	0.0	0	0.0	386	59.9
FC	658	649	98.6	89	13.5	0	0.0	0	0.0	40	6.1	778	118.2
SJ	52	52	100.0	10	19.2	0	0.0	0	0.0	0	0.0	62	119.2
NWF	4,347	4,035	92.8	861	19.8	51	1.2	44	1.0	150	3.5	5,141	118.3
WB	1,772	1,744	98.4	287	16.2	30	1.7	44	2.5	75	4.2	2,180	123.0
DV	461	451	97.8	160	34.7	22	4.8	48	10.4	23	5.0	704	152.7
VL	9,848	9,737	98.9	2,478	25.2	319	3.2	580	5.9	560	5.7	13,674	138.9
WS	2,319	2,273	98.0	648	27.9	50	2.2	55	2.4	222	9.6	3,248	140.1
WF	14,400	14,205	98.6	3,573	24.8	421	2.9	727	5.0	880	6.1	19,806	137.5
Centers	18,747	18,240	97.3	4,434	23.7	472	2.5	771	4.1	1,030	5.5	24,947	133.1

¹Clinic services is defined in the footnote to Table 5.

²Day treatment is sometimes referred to as partial hospitalization, psychosocial rehabilitation, or skills development. The program runs at least three hours but less than 24 hours per session and provides more structure than outpatient, but less structure than residential support and residential treatment.

³This program provides 24-hour care and support in an overnight group residential setting. Programs are not required to provide 24-hour awake supervision. Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, housekeeping, and independent living skills.

⁴This highly structured program provides 24-hour intensive psychosocial treatment and other supportive mental health services in an overnight group residential setting. The purpose is to prevent inpatient care and to help persons transition from inpatient care.

⁵Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 15b. (Persons rated Non-SMI) Unduplicated persons served *within* service types, duplicated persons served *across* service types, by CMHC in FY 2001

Provider	Non-SMI No.	Services to persons not rated SMI											
		¹ Clinic Services		² Day Treatment		³ Residential Support		⁴ Residential Treatment		⁵ Inpatient Treatment		Duplicated total of SMI	
		No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2
BR	1,121	1,111	99.1	89	7.9	0	0.0	4	0.4	51	4.5	1,255	112.0
CU	1,301	1,261	96.9	174	13.4	5	0.4	0	0.0	26	2.0	1,466	112.7
SW	1,712	1,599	93.4	243	14.2	1	0.1	73	4.3	0	0.0	1,916	111.9
NE	728	348	47.8	0	0.0	0	0.0	0	0.0	0	0.0	348	47.8
FC	1,269	1,262	99.4	40	3.2	0	0.0	0	0.0	19	1.5	1,321	104.1
SJ	298	297	99.7	30	10.1	0	0.0	0	0.0	0	0.0	327	109.7
NWF	6,429	5,878	91.4	576	9.0	6	0.1	77	1.2	96	1.5	6,633	103.2
WB	3,767	3,744	99.4	190	5.0	25	0.7	47	1.2	91	2.4	4,097	108.8
DV	1,319	1,311	99.4	144	10.9	2	0.2	162	12.3	52	3.9	1,671	126.7
VL	6,978	6,878	98.6	611	8.8	49	0.7	263	3.8	212	3.0	8,013	114.8
WS	3,019	2,966	98.2	447	14.8	19	0.6	24	0.8	202	6.7	3,658	121.2
WF	15,083	14,899	98.8	1,392	9.2	95	0.6	496	3.3	557	3.7	17,439	115.6
Centers	21,512	20,777	96.6	1,968	9.1	101	0.5	573	2.7	653	3.0	24,072	111.9

Clinic services is defined in the footnote to Table 5.

²Day treatment is sometimes referred to as partial hospitalization, psychosocial rehabilitation, or skills development. The program runs at least three hours but less than 24 hours per session and provides more structure than outpatient, but less structure than residential support and residential treatment.

³This program provides 24-hour care and support in an overnight group residential setting. Programs are not required to provide 24-hour awake supervision. Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, housekeeping, and independent living skills.

⁴This highly structured program provides 24-hour intensive psychosocial treatment and other supportive mental health services in an overnight group residential setting. The purpose is to prevent inpatient care and to help persons transition from inpatient care.

⁵Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 16. (All clients) Type and amount of services as a percent of State totals (FY 2001)

Provider	All Persons		Services to All Persons									
			Clinic Services		Day Treatment		³ Residential Support		⁴ Residential Treatment		⁵ Inpatient Treatment	
	No.	%	Hours	%	Hours	%	Days	%	Days	%	Days	%
BR	2,393	5.7	31,950	3.8	45,840	2.6	0	0.0	2,923	2.7	933	4.0
CU	1,891	4.5	26,768	3.2	22,489	1.3	4,450	3.9	926	0.9	452	2.0
SW	2,999	7.1	87,518	10.4	106,238	6.0	4,351	3.8	6,884	6.5	273	1.2
NE	1,925	4.6	11,856	1.4	0	0.0	0	0.0	0	0.0	0	0.0
FC	2,087	5.0	38,267	4.6	30,387	1.7	0	0.0	0	0.0	2,685	11.6
SJ	678	1.6	14,433	1.7	18,377	1.0	0	0.0	0	0.0	0	0.0
NWF	11,973	28.4	210,792	25.2	223,331	12.6	8,801	7.7	10,733	10.1	4,343	18.8
WB	5,585	13.3	85,295	10.2	176,759	10.0	10,607	9.2	11,813	11.0	1,679	7.2
DV	2,264	5.4	137,394	16.4	83,023	4.7	6,983	6.1	12,765	11.9	696	3.0
VL	16,914	40.2	310,830	37.1	1,051,372	59.3	76,287	66.4	60,129	56.1	14,332	61.9
WS	5,386	12.8	93,182	11.1	238,545	13.5	12,145	10.6	8,029	11.0	2,110	9.1
WF	30,149	71.6	626,701	74.8	1,549,699	87.4	106,022	92.3	92,736	89.9	18,817	81.2
Centers	42,122	100.0	837,493	100.0	1,773,030	100.0	114,823	100.0	103,469	100.0	23,160	100.0

¹Clinic services is defined in the footnote to Table 5.

²Day treatment is sometimes referred to as partial hospitalization, psychosocial rehabilitation, or skills development. The program runs at least three hours but less than 24 hours per session and provides more structure than outpatient, but less structure than residential support and residential treatment.

³This program provides 24-hour care and support in an overnight group residential setting. Programs are not required to provide 24-hour awake supervision. Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, housekeeping, and independent living skills.

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⁵Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 16a. (Persons rated **SMI**) Type and amount of services as a percent of State totals (FY 2001)

Provider	Persons rated SMI		Services to persons rated SMI									
			Clinic Services		Day Treatment		³ Residential Support		⁴ Residential Treatment		⁵ Inpatient Treatment	
	No.	%	Hours	%	Hours	%	Days	%	Days	%	Days	%
BR	1,198	6.4	19,611	4.1	39,913	2.9	0	0.0	2,848	4.2	687	4.1
CU	569	3.0	14,151	2.9	14,765	1.1	4,110	4.3	729	1.1	154	0.9
SW	1,226	6.5	47,474	9.9	77,258	5.6	4,333	4.5	2,861	4.2	204	1.2
NE	644	3.4	6,087	1.3	0	0.0	0	0.0	0	0.0	0	0.0
FC	658	3.5	12,968	2.7	13,545	1.0	0	0.0	0	0.0	1,760	10.5
SJ	52	0.3	1,874	0.4	3,460	0.2	0	0.0	0	0.0	0	0.0
NWF	4,347	23.2	102,165	21.2	148,941	10.8	8,443	8.8	6,438	9.4	2,805	16.7
WB	1,772	9.5	30,603	6.4	112,226	8.1	5,806	6.1	6,736	9.9	845	5.0
DV	461	2.5	74,321	15.5	62,917	4.5	5,723	6.0	3,000	4.4	276	1.6
VL	9,848	52.5	220,714	45.9	896,967	64.8	67,017	70.0	43,301	63.4	11,475	68.5
WS	2,319	12.4	53,170	11.1	163,613	11.8	8,766	9.2	5,069	7.4	1,352	8.1
WF	14,400	76.8	378,808	78.8	1,235,723	89.2	87,312	91.2	58,106	85.1	13,948	83.3
Centers	18,747	100.0	480,973	100.0	1,384,664	100.0	95,755	100.0	64,544	94.5	16,753	100.0

¹Clinic services is defined in the footnote to Table 5.

²Day treatment is sometimes referred to as partial hospitalization, psychosocial rehabilitation, or skills development. The program runs at least three hours but less than 24 hours per session and provides more structure than outpatient, but less structure than residential support and residential treatment.

³This program provides 24-hour care and support in an overnight group residential setting. Programs are not required to provide 24-hour awake supervision. Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, housekeeping, and independent living skills.

⁴This highly structured program provides 24-hour intensive psychosocial treatment and other supportive mental health services in an overnight group residential setting. The purpose is to prevent inpatient care and to help persons transition from inpatient care.

⁵Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 16b. (Persons rated **Non-SMI**) Type and amount of services as a percent of State totals (FY 2001)

Provider	Persons not rated SPMI		Services to Non-SPMI persons									
			Clinic Services		Day Treatment		³ Residential Support		⁴ Residential Treatment		⁵ Inpatient Treatment	
	No.	%	Hours	%	Hours	%	Days	%	Days	%	Days	%
BR	1,121	5.2	11,723	4.1	4,794	1.4	0	0.0	74	0.2	215	3.7
CU	1,301	6.0	12,557	4.4	7,724	2.2	340	1.9	197	0.5	298	5.2
SW	1,712	8.0	37,428	13.0	24,661	7.0	18	0.1	3,848	10.3	69	1.2
NE	728	3.4	3,432	1.2	0	0.0	0	0.0	0	0.0	0	0.0
FC	1,269	5.9	20,175	7.0	4,003	1.1	0	0.0	0	0.0	462	8.0
SJ	298	1.4	5,584	1.9	9,361	2.7	0	0.0	0	0.0	0	0.0
NWF	6,429	29.9	90,899	31.5	50,543	14.4	358	2.0	4,119	11.0	1,044	18.2
WB	3,767	17.5	54,577	18.9	64,509	18.4	4,801	26.2	5,077	13.5	834	14.5
DV	1,319	6.1	47,871	16.6	15,372	4.4	852	4.7	8,760	23.4	317	5.5
VL	6,978	32.4	86,561	30.0	144,628	41.3	8,905	48.7	16,573	44.2	2,822	49.1
WS	3,019	14.0	39,399	13.7	74,767	21.4	3,379	18.5	2,942	7.9	727	12.7
WF	15,083	70.1	228,408	79.2	299,276	85.6	17,937	98.0	33,352	89.0	4,700	81.8
Centers	21,512	100.0	319,307	110.7	349,819	100.0	18,295	100.0	37,471	100.0	5,744	100.0

¹Clinic services is defined in the footnote to Table 5.

²Day treatment is sometimes referred to as partial hospitalization, psychosocial rehabilitation, or skills development. The program runs at least three hours but less than 24 hours per session and provides more structure than outpatient, but less structure than residential support and residential treatment.

³This program provides 24-hour care and support in an overnight group residential setting. Programs are not required to provide 24-hour awake supervision. Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, housekeeping, and independent living skills.

⁴This highly structured program provides 24-hour intensive psychosocial treatment and other supportive mental health services in an overnight group residential setting. The purpose is to prevent inpatient care and to help persons transition from inpatient care.

⁵Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 17. (All Clients) Clinic hours for individual/family/other, group, medication management, crisis, intake/assessment/testing, and case management (FY 2001)

Provider	¹ Individual/ family/other		² Group		³ Medication management		⁴ Crisis		⁵ Intake/ assessment/ testing		⁶ Case management	
	Hours	%	Hours	%	Hours	%	Hours	%	Hours	%	Hours	%
BR	17,038	5.9	7,866	2.4	1,911	3.4	1,101	10.1	2,344	4.7	1,690	1.6
CU	14,632	5.0	2,201	0.7	2,129	3.8	779	7.1	2,070	4.1	4,957	4.7
SW	24,222	8.4	46,367	14.3	2,583	4.6	429	3.9	4,771	9.5	9,147	8.7
NE	5,606	1.9	996	0.3	1,647	2.9	647	5.9	1,563	3.1	1,398	1.3
FC	8,718	3.0	19,600	6.0	2,399	4.2	331	3.0	1,943	3.9	5,276	5.0
SJ	4,114	1.4	4,898	1.5	990	1.7	82	0.8	415	0.8	3,935	3.8
NWF	74,330	25.6	81,928	25.2	11,658	20.6	3,369	30.8	13,104	26.1	26,402	25.2
WB	38,884	13.4	39,584	12.2	3,732	6.6	356	3.3	1,461	2.9	1,278	1.2
DV	20,494	7.1	104,439	32.1	3,004	5.3	1,169	10.7	2,668	5.3	5,620	5.4
VL	120,775	41.6	82,884	25.5	29,727	52.5	5,345	48.9	22,178	44.1	49,921	47.7
WS	35,521	12.2	16,239	5.0	8,491	15.0	694	6.3	10,847	21.6	21,389	20.4
WF	215,674	74.4	243,146	74.8	44,953	79.4	7,564	69.2	37,154	73.9	78,209	74.8
Total	290,004	100.0	325,074	100.0	56,611	100.0	10,933	100.0	50,259	100.0	104,611	100.0

^aTwo intensive substance abuse outpatient groups account for the high average at SW.

¹Individual - Face-to-face clinical treatment of an individual or collateral

Family - Face-to-face clinical treatment of a group of recipients who are related as family members or spouses, including collaterals, or couples living together as married

Other - Other direct treatment not listed in the definitions for this table

²Group - Face-to-face clinical treatment in the same session of two or more unrelated clients. It may include cases where the group is composed of two or more families, couples, or collaterals.

³Prescription, administration, observation, evaluation, alteration, continuance or termination of a client's neuroleptic or other medication by a physician or nurse practitioner. This also includes services by nurses under the physician's or nurse practitioner's supervision.

⁴Immediate, unscheduled, and short-term service for one or more individuals who have a psychological emergency

⁵Intake - Time spent collecting data for the purpose of screening and admission

Assessment - A clinical evaluation for the purpose of determining history, mental status, diagnosis, and a treatment plan

Testing - A clinical test administered to a client for a diagnostic or treatment purpose. Also included is time spent reporting test feedback to the client or family members.

⁶Case management - A process whereby consumers are helped to acquire the various services they want and need. One or more of the following functions may be included: 1) connecting with consumers in their natural environment; 2) comprehensive service planning with/for a consumer for a wide range of services, entitlements, and public assistance; 3) linking consumers with services and resources; 4) linking family members with services; 5) monitoring service and consumer response to treatment; and 6) advocating for consumer rights.

Table 17a. (Persons rated **SMI**) Clinic hours for individual/family/other, group, medication management, crisis, intake/assessment/testing, and case management (FY 2001)

Provider	¹ Individual/ family/other		² Group		³ Medication management		⁴ Crisis		⁵ Intake/ assessment/ testing		⁶ Case management	
	Hours	%	Hours	%	Hours	%	Hours	%	Hours	%	Hours	%
BR	10,442	5.6	4,520	2.7	1,474	3.8	688	10.7	1,102	4.4	1,386	1.3
CU	7,412	4.0	897	0.5	1,512	3.9	367	5.7	565	2.3	3,398	3.2
SW	15,610	8.4	20,100	12.1	1,691	4.4	249	3.9	2,274	9.1	7,550	7.2
NE	2,875	1.6	376	0.2	989	2.6	241	3.7	724	2.9	882	0.8
FC	3,371	1.8	5,761	3.5	912	2.4	142	2.2	682	2.7	2,100	2.0
SJ	460	0.2	306	0.2	193	0.5	7	0.1	12	0.0	897	0.9
NWF	40,170	21.7	31,960	19.2	6,771	17.6	1,692	26.3	5,358	21.5	16,213	15.5
WB	15,423	8.3	15,423	9.3	2,039	5.3	143	2.2	501	2.0	699	0.7
DV	5,924	3.2	5,759	3.5	1,602	4.2	324	5.0	491	2.0	2,670	2.6
VL	87,896	47.5	68,411	41.2	22,534	58.5	3,914	60.9	13,840	55.4	41,789	39.9
WS	19,156	10.4	17,574	10.6	5,549	14.4	354	5.5	4,780	19.1	14,936	14.3
WF	128,399	69.4	107,166	64.5	31,724	82.4	4,735	73.7	19,612	78.5	60,094	57.4
Total	168,569	91.2	166,205	100.0	38,494	100.0	6,428	100.0	24,970	100.0	76,307	72.9

^aTwo intensive substance abuse outpatient groups account for the high average at SW.

¹Individual - Face-to-face clinical treatment of an individual or collateral

Family - Face-to-face clinical treatment of a group of recipients who are related as family members or spouses, including collaterals, or couples living together as married

Other - Other direct treatment not listed in the definitions for this table

²Group - Face-to-face clinical treatment in the same session of two or more unrelated clients. It may include cases where the group is composed of two or more families, couples, or collaterals.

³Prescription, administration, observation, evaluation, alteration, continuance or termination of a client's neuroleptic or other medication by a physician or nurse practitioner. This also includes services by nurses under the physician's or nurse practitioner.

⁴Immediate, unscheduled, and short-term service for one or more individuals who have a psychological emergency

⁵Intake - Time spent collecting data for the purpose of screening and admission

Assessment - A clinical evaluation for the purpose of determining history, mental status, diagnosis, and a treatment plan

Testing - A clinical test administered to a client for a diagnostic or treatment purpose. Also included is time spent reporting test feedback to the client or family members.

⁶Case management - A process whereby consumers are helped to acquire the various services they want and need. One or more of the following functions may be included: 1) connecting with consumers in their natural environment; 2) comprehensive service planning with/for a consumer for a wide range of services, entitlements, and public assistance; 3) linking consumers with services and resources; 4) linking family members with services; 5) monitoring service and consumer response to treatment; and 6) advocating for consumer rights.

Table 17b. (Persons rated **Non-SMI**) Clinic hours for individual/family/other, group, medication management, crisis, intake/assessment/testing, and case management (FY 2001)

Provider	¹ Individual/ family/other		² Group		³ Medication management		⁴ Crisis		⁵ Intake/ assessment/ testing		⁶ Case management	
	Hours	%	Hours	%	Hours	%	Hours	%	Hours	%	Hours	%
BR	6,396	5.8	3,045	2.1	395	2.6	392	10.3	1,210	5.0	285	1.3
CU	7,201	6.5	1,304	0.9	615	4.0	409	10.7	1,473	6.1	1,555	7.2
SW	7,452	6.7	25,195	17.5	787	5.1	177	4.6	2,443	10.1	1,375	6.3
NE	1,989	1.8	436	0.3	124	0.8	101	2.6	646	2.7	137	0.6
FC	4,345	3.9	12,530	8.7	821	5.3	119	3.1	1,216	5.0	1,144	5.3
SJ	1,791	1.6	2,265	1.6	111	0.7	41	1.1	157	0.6	1,220	5.6
NWF	29,174	26.4	44,775	31.2	2,853	18.5	1,239	32.5	7,144	29.5	5,715	26.3
WB	23,374	21.2	27,781	19.3	1,692	11.0	210	5.5	941	3.9	579	2.7
DV	10,981	9.9	31,431	21.9	1,019	6.6	622	16.3	1,901	7.8	1,918	8.8
VL	31,013	28.1	31,827	22.2	6,901	44.8	1,406	36.9	8,302	34.2	7,112	32.7
WS	15,965	14.4	7,792	5.4	2,923	19.0	338	8.9	5,970	24.6	6,411	29.5
WF	81,333	73.6	98,831	68.8	12,535	81.5	2,576	67.5	17,114	70.5	16,019	73.7
Total	110,507	100.0	143,606	100.0	15,388	100.0	3,815	100.0	24,258	100.0	21,734	100.0

^aTwo intensive substance abuse outpatient groups account for the high average at SW.

¹Individual - Face-to-face clinical treatment of an individual or collateral

Family - Face-to-face clinical treatment of a group of recipients who are related as family members or spouses, including collaterals, or couples living together as married

Other - Other direct treatment not listed in the definitions for this table

²Group - Face-to-face clinical treatment in the same session of two or more unrelated clients. It may include cases where the group is composed of two or more families, couples, or collaterals.

³Prescription, administration, observation, evaluation, alteration, continuance or termination of a client's neuroleptic or other medication by a physician or nurse practitioner. This also includes services by nurses under the physician's or nurse practitioner

⁴Immediate, unscheduled, and short-term service for one or more individuals who have a psychological emergency

⁵Intake - Time spent collecting data for the purpose of screening and admission

Assessment - A clinical evaluation for the purpose of determining history, mental status, diagnosis, and a treatment plan

Testing - A clinical test administered to a client for a diagnostic or treatment purpose. Also included is time spent reporting test feedback to the client or family members.

⁶Case management - A process whereby consumers are helped to acquire the various services they want and need. One or more of the following functions may be included: 1) connecting with consumers in their natural environment; 2) comprehensive service planning with/for a consumer for a wide range of services, entitlements, and public assistance; 3) linking consumers with services and resources; 4) linking family members with services; 5) monitoring service and consumer response to treatment; and 6) advocating for consumer rights.

Table18. (**All Clients**) Indicators for combined clinic services by CMHCs (FY2001)

CMHC	Persons served in clinics		¹ Clinic contacts		Clinic hours		Avg. contacts per clinic person	Avg. hours per clinic person	Average minutes per contact
	No.	%	No.	%	No.	%	No.	No.	No.
BR	2,393	5.7	28,653	3.8	31,950	3.8	12.0	13.4	66.9
CU	1,891	4.5	26,623	3.5	26,768	3.2	14.1	14.2	60.3
SW	2,999	7.1	45,589	6.1	87,518	10.4	15.2	29.2	115.2
NE	1,925	4.6	13,891	1.8	11,856	1.4	7.2	6.2	51.2
FC	2,087	5.0	33,939	4.5	38,267	4.6	16.3	18.3	67.7
SJ	678	1.6	14,161	1.9	14,433	1.7	20.9	21.3	61.2
NWF	11,973	28.4	162,856	21.7	210,792	25.2	13.6	17.6	77.7
WB	5,585	13.3	82,680	11.0	85,295	10.2	14.8	15.3	61.9
² DV	2,264	5.4	53,473	7.1	137,394	16.4	23.6	60.7	154.2
VL	16,914	40.2	346,565	46.1	310,830	37.1	20.5	18.4	53.8
WS	5,386	12.8	106,043	14.1	93,182	11.1	19.7	17.3	52.7
WF	30,149	71.6	588,761	78.3	626,701	74.8	19.5	20.8	63.9
Total	42,122	100.0	751,617	100.0	837,493	100.0	17.8	19.9	66.9

Note: Definitions for clinic services appear in Table 5 footnotes.

¹Contacts are equated to visits. A contact may be a visit to a facility or a visit received from staff in the community.

²Davis' high hourly count is due to its high ratio of group to individual hours.

Table18a. (Persons rated **SMI**) Indicators for combined clinic services by CMHCs (FY2001)

CMHC	SMI Persons served in clinics		SMI Clinic contacts		SMI Clinic hours		Avg. contacts per clinic person	Avg. hours per clinic person	Average minutes per contact
	No.	%	No.	%	No.	%	No.	No.	No.
BR	1,198	6.4	18,176	4.1	19,611	4.1	15.2	16.4	64.7
CU	569	3.0	12,410	2.8	14,151	2.9	21.8	24.9	68.4
SW	1,226	6.5	34,659	7.7	47,474	9.9	28.3	38.7	82.2
NE	644	3.4	6,075	1.4	6,087	1.3	9.4	9.5	60.1
FC	658	3.5	12,640	2.8	12,968	2.7	19.2	19.7	61.6
SJ	52	0.3	1,887	0.4	1,874	0.4	36.3	36.0	59.6
NWF	4,347	23.2	85,847	19.1	102,165	21.2	19.7	23.5	71.4
WB	1,772	9.5	33,801	7.5	30,603	6.4	19.1	17.3	54.3
DV	461	2.5	15,058	3.4	74,321	15.5	32.7	161.2	296.1
VL	9,848	52.5	255,905	57.0	220,714	45.9	26.0	22.4	51.7
WS	2,319	12.4	62,177	13.9	53,170	11.1	26.8	22.9	51.3
WF	14,400	76.8	366,941	81.8	378,808	78.8	25.5	26.3	61.9
Total	18,747	100.0	448,769	100.0	480,973	100.0	23.9	25.7	64.3

Note: Definitions for clinic services appear in Table 5 footnotes.

¹Contacts are equated to visits. A contact may be a visit to a facility or a visit received from staff in the community.

²Davis' high hourly count is due to its high ratio of group to individual hours.

Table 18b. (Persons rated **Non-SMI**) Indicators for combined clinic services by CMHCs (FY2001)

CMHC	Non-SMI persons served in clinics		Non-SMI clinic contacts		Non-SMI clinic hours		Avg. contacts per clinic person	Avg. hours per clinic person	Average minutes per contact
	No.	%	No.	%	No.	%	No.	No.	No.
BR	1,121	5.2	9,990	3.7	11,723	3.7	8.9	10.5	70.4
CU	1,301	6.0	11,458	4.2	12,557	3.9	8.8	9.7	65.8
SW	1,712	8.0	17,581	6.5	37,428	11.7	10.3	21.9	127.7
NE	728	3.4	3,411	1.3	3,432	1.1	4.7	4.7	60.4
FC	1,269	5.9	15,460	5.7	20,175	6.3	12.2	15.9	78.3
SJ	298	1.4	4,610	1.7	5,584	1.7	15.5	18.7	72.7
NWF	6,429	29.9	62,510	23.1	90,899	28.5	9.7	14.1	87.2
WB	3,767	17.5	48,779	18.1	54,577	17.1	12.9	14.5	67.1
DV	1,319	6.1	28,347	10.5	47,871	15.0	21.5	36.3	101.3
VL	6,978	32.4	87,116	32.3	86,561	27.1	12.5	12.4	59.6
WS	3,019	14.0	43,278	16.0	39,399	12.3	14.3	13.1	54.6
WF	15,083	70.1	207,520	76.9	228,408	71.5	13.8	15.1	66.0
Total	21,512	100.0	270,030	100.0	319,307	100.0	12.6	14.8	70.9

Note: Definitions for clinic services appear in Table 5 footnotes.

¹Contacts are equated to visits. A contact may be a visit to a facility or a visit received from staff in the community.

²Davis' high hourly count is due to its high ratio of group to individual hours.

Table 19. (**All Clients**)¹Day treatment indicators for *adults, youth, and children*, CMHCs (FY2001)

CMHC	Non-duplicated CMHC persons served		Non-duplicated persons served: day treatment		Day treatment hours		² Average hours per day treatment person served
	No.	%	No.	%	No.	%	No.
BR	2,393	5.7	425	6.5	45,840	2.6	108
CU	1,891	4.5	310	4.7	22,489	1.3	73
SW	2,999	7.1	559	8.5	106,238	6.0	190
NE	1,925	4.6	0	0.0	0	0.0	0
FC	2,087	5.0	188	2.9	30,387	1.7	162
SJ	678	1.6	58	0.9	18,377	1.0	317
NWF	11,973	28.4	1,540	23.4	223,331	12.6	145
WB	5,585	13.3	478	7.3	176,759	10.0	370
DV	2,264	5.4	348	5.3	83,023	4.7	239
VL	16,914	40.2	3,113	47.3	1,051,372	59.3	338
WS	5,386	12.8	1,098	16.7	238,545	13.5	217
WF	30,149	71.6	5,037	76.6	1,549,699	87.4	308
Total	42,122	100.0	6,577	100.0	1,773,030	100.0	270

¹Day treatment is defined as a program that operates three hours or more; however, persons would be counted who stayed less than three hours. A day treatment contact might last 6-8 hours in some programs.

²Average refers to mean rather than median.

Table 19a. (Persons rated SMI)¹Day treatment indicators for *adults, youth, and children*, CMHCs (FY2001)

CMHC	SMI non-duplicated persons served CMHCs		SMI non-duplicated persons served: day treatment		Day treatment hours		² Average hours per person
	No.	%	No.	%	No.	%	No.
BR	1,198	6.4	324	7.3	39,913	2.9	123
CU	569	3.0	136	3.1	14,765	1.1	109
SW	1,226	6.5	243	5.5	77,258	5.6	318
NE	644	3.4	0	0.0	0	0.0	0
FC	658	3.5	89	2.0	13,545	1.0	152
SJ	52	0.3	10	0.2	3,460	0.2	346
NWF	4,347	23.2	802	18.1	148,941	10.8	186
WB	1,772	9.5	160	3.6	112,226	8.1	701
DV	461	2.5	160	3.6	62,917	4.5	393
VL	9,848	52.5	2,478	55.9	896,967	64.8	362
WS	2,319	12.4	648	14.6	163,613	11.8	252
WF	14,400	76.8	3,446	77.7	1,235,723	89.2	359
Total	18,747	100.0	4,248	95.8	1,384,664	100.0	326

¹Day treatment is defined as a program that operates three hours or more; however, persons would be counted who stayed less than three hours. A day treatment contact might last 6-8 hours in some programs.

²Average refers to mean rather than median.

Table 19b. (Persons rated **Non-SMI**)¹Day treatment indicators for *adults, youth, and children*, CMHCs (FY2001)

CMHC	Non-SMI non-duplicated persons served: CMHC		persons served: day treatment		Day treatment hours		² Average hours per person
	No.	%	No.	%	No.	%	No.
BR	1,121	5.2	89	4.5	4,794	1.4	54
CU	1,301	6.0	174	8.8	7,724	2.2	44
SW	1,712	8.0	243	12.3	24,661	7.0	101
NE	728	3.4	0	0.0	0	0.0	0
FC	1,269	5.9	40	2.0	4,003	1.1	100
SJ	298	1.4	30	1.5	9,361	2.7	312
NWF	6,429	29.9	576	29.3	50,543	14.4	88
WB	3,767	17.5	190	9.7	64,509	18.4	340
DV	1,319	6.1	144	7.3	15,372	4.4	107
VL	6,978	32.4	611	31.0	144,628	41.3	237
WS	3,019	14.0	447	22.7	74,767	21.4	167
WF	15,083	70.1	1,392	70.7	299,276	85.6	215
Total	21,512	100.0	1,968	100.0	349,819	100.0	178

¹Day treatment is defined as a program that operates three hours or more; however, persons would be counted who stayed less than three hours. A day treatment contact might last 6-8 hours in some programs.

²Average refers to mean rather than median.

Table 20. (**All Clients**) ¹Residential support indicators by CMHC (FY 2001)

CMHC	All clients in CMHCs		All clients receiving residential support		All clients receiving residential support days		Avg. residential support days for all clients
	No.	Pct.	No.	Pct.	No.	Pct.	No.
BR	2,393	5.7	0	0.0	0	0.0	0
CU	1,891	4.5	28	4.7	4,450	3.9	159
SW	2,999	7.1	29	4.8	4,351	3.8	150
NE	1,925	4.6	0	0.0	0	0.0	0
FC	2,087	5.0	0	0.0	0	0.0	0
SJ	678	1.6	0	0.0	0	0.0	0
NWF	11,973	28.4	57	9.5	8,801	7.7	154
WB	5,585	13.3	55	9.2	10,607	9.2	193
DV	2,264	5.4	25	4.2	6,983	6.1	279
VL	16,914	40.2	369	61.7	76,287	66.4	207
WS	5,386	12.8	92	15.4	12,145	10.6	132
WF	30,149	71.6	541	90.5	106,022	92.3	196
Total	42,122	100.0	598	100.0	114,823	100.0	192

¹Residential support includes the following essential components: overnight care provided by staff and an emphasis on support and maintenance of current level of functioning. Psycho-social treatment is not provided.

Table 20a. ¹(Persons rated **SMI**) Residential support indicators by CMHC (FY 2001)

CMHC	SMI persons in CMHC		SMI persons in residential support		SMI residential support days		Avg. residential support days per SMI person
	No.	Pct.	No.	Pct.	No.	Pct.	No.
BR	1,198	6.4	0	0.0	0	0.0	0
CU	569	3.0	23	4.7	4,110	4.3	179
SW	1,226	6.5	28	5.7	4,333	4.5	155
NE	644	3.4	0	0.0	0	0.0	0
FC	658	3.5	0	0.0	0	0.0	0
SJ	52	0.3	0	0.0	0	0.0	0
NWF	4,347	23.2	51	10.5	8,443	8.8	166
WB	1,772	9.5	30	6.1	5,806	6.1	194
DV	461	2.5	22	4.5	5,723	6.0	260
VL	9,848	52.5	319	65.4	67,017	70.0	210
WS	2,319	12.4	66	13.5	8,766	9.2	133
WF	14,400	76.8	437	89.5	87,312	91.2	200
Total	18,747	100.0	488	100.0	95,755	100.0	196

Table 20b. ¹(Persons rated **Non-SMI**) Residential support indicators by CMHC (FY 2001)

CMHC	Non-SMI persons in CMHCs		Non-SMI persons in residential support		Non-SMI residential support days		Avg. residential support days per SMI person
	No.	Pct.	No.	Pct.	No.	Pct.	No.
BR	1,121	5.2	0	0.0	0	0.0	0
CU	1,301	6.0	5	6.1	340	1.9	68
SW	1,712	8.0	1	1.2	18	0.1	18
NE	728	3.4	0	0.0	0	0.0	0
FC	1,269	5.9	0	0.0	0	0.0	0
SJ	298	1.4	0	0.0	0	0.0	0
NWF	6,429	29.9	6	7.3	358	2.0	60
WB	3,767	17.5	25	30.5	4,801	26.2	192
DV	1,319	6.1	2	2.4	852	4.7	426
VL	6,978	32.4	49	59.8	8,905	48.7	182
WS	3,019	14.0	26	31.7	3,379	18.5	130
WF	15,083	70.1	76	92.7	17,937	98.0	236
Total	21,512	100.0	82	100.0	18,295	100.0	223

¹Residential support includes the following essential components: overnight care provided by staff and an emphasis on support and maintenance of current level of functioning. Psycho-social treatment is not provided.

Table 21. (**All Clients**) ¹Residential treatment indicators by CMHC (FY 2001)

CMHC	All clients in CMHCs		All clients receiving residential treatment		All clients receiving residential treatment days		Avg. residential treatment days for all clients
	No.	%	No.	%	No.	%	No.
BR	2,393	5.7	43	1.9	2,923	2.7	68
CU	1,891	4.5	4	0.2	926	0.9	232
SW	2,999	7.1	106	4.6	6,884	6.4	65
NE	1,925	4.6	0	0.0	0	0.0	0
FC	2,087	5.0	0	0.0	0	0.0	0
SJ	678	1.6	0	0.0	0	0.0	0
NWF	11,973	28.4	153	6.7	10,733	10.0	70
WB	5,585	13.3	112	4.9	11,813	11.0	105
DV	2,264	5.4	435	19.1	12,765	11.9	29
VL	16,914	40.2	1134	49.7	60,129	56.1	53
WS	5,386	12.8	448	19.6	8,029	7.5	18
WF	30,149	71.6	2129	93.3	92,736	86.5	44
Total	42,122	100.0	2282	100.0	103,469	96.5	45

Table 21a. ¹(Persons rated **SMI**) Residential treatment indicators by CMHC (FY 2001)

CMHC	SPMI persons in CMHC		SPMI persons in residential treatment		Residential treatment bed days: SPMI person		Avg. bed days per SPMI person
	No.	Pct.	No.	Pct.	No.	Pct.	No.
BR	1,198	6.4	38	2.4	2,848	4.4	75
CU	569	3.0	3	0.2	729	1.1	243
SW	1,226	6.5	30	1.9	2,861	4.4	95
NE	644	3.4	0	0.0	0	0.0	0
FC	658	3.5	0	0.0	0	0.0	0
SJ	52	0.3	0	0.0	0	0.0	0
NWF	4,347	23.2	71	4.5	6,438	10.0	91
WB	1,772	9.5	55	3.5	6,736	10.4	122
DV	461	2.5	260	16.6	3,000	4.6	12
VL	9,848	52.5	834	53.2	43,301	67.1	52
WS	2,319	12.4	348	22.2	5,069	7.9	15
WF	14,400	76.8	1497	95.5	58,106	90.0	39
Total	18,747	100.0	1568	100.0	64,544	100.0	41

¹Residential treatment includes the following essential components: overnight care provided by staff and an emphasis on preventing hospitalization. Psycho-social treatment is provided.

Table 21b. ¹(Persons rated **Non-SMI**) Residential treatment indicators by CMHC (FY 2001)

CMHC	Non-SMI persons in CMHCs		Non-SMI persons in residential treatment		Residential treatment bed days: Non-SMI persons		Avg. bed days per SMI person
	No.	Pct.	No.	Pct.	No.	Pct.	No.
BR	1,121	5.2	4	0.6	74	0.2	19
CU	1,301	6.0	1	0.1	197	0.5	0
SW	1,712	8.0	76	10.7	3,848	10.3	51
NE	728	3.4	0	0.0	0	0.0	0
FC	1,269	5.9	0	0.0	0	0.0	0
SJ	298	1.4	0	0.0	0	0.0	0
NWF	6,429	29.9	81	11.4	4,119	11.0	51
WB	3,767	17.5	57	8.1	5,077	13.5	89
DV	1,319	6.1	175	24.7	8,760	23.4	50
VL	6,978	32.4	295	41.7	16,573	44.2	56
WS	3,019	14.0	100	14.1	2,942	7.9	29
WF	15,083	70.1	627	88.6	33,352	89.0	53
Total	21,512	100.0	708	100.0	37,471	100.0	53

¹Residential treatment includes the following essential components: overnight care provided by staff and an emphasis on preventing hospitalization. Psycho-social treatment is provided.

Table 22. (**All Clients**) ¹Inpatient treatment indicators by CMHC (FY 2001)

CMHC	All clients in CMHCs		All clients in inpatient treatment		Inpatient bed days: all clients		Avg. inpatient bed days per inpatient person
	No.	%	No.	%	No.	%	No.
BR	2,393	5.7	151	8.6	933	4.0	6.2
CU	1,891	4.5	44	2.5	452	2.0	10.3
SW	2,999	7.1	33	1.9	273	1.2	8.3
NE	1,925	4.6	0	0.0	0	0.0	0.0
FC	2,087	5.0	65	3.7	2,685	11.6	41.3
SJ	678	1.6	0	0.0	0	0.0	0.0
NWF	11,973	28.4	293	16.7	4,343	18.8	14.8
WB	5,585	13.3	166	9.5	1,679	7.2	10.1
DV	2,264	5.4	92	5.3	696	3.0	7.6
VL	16,914	40.2	774	44.2	14,332	61.9	18.5
WS	5,386	12.8	427	24.4	2,110	9.1	4.9
WF	30,149	71.6	1,459	83.3	18,817	81.2	12.9
Total	42,122	100.0	1,752	100.0	23,160	100.0	13.2

¹Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 22a. ¹(**SMI Clients**) Inpatient treatment indicators by CMHC (FY 2001)

CMHC	SMI persons in CMHC		SMI persons in inpatient treatment		SMI Inpatient treatment days		Avg. inpatient bed days per SMI person
	No.	Pct.	No.	Pct.	No.	Pct.	No.
BR	1,198	6.4	92	8.7	687	4.1	7.5
CU	569	3.0	18	1.7	154	0.9	8.6
SW	1,226	6.5	25	2.4	204	1.2	8.2
NE	644	3.4	0	0.0	0	0.0	0.0
FC	658	3.5	40	3.8	1,760	10.5	44.0
SJ	52	0.3	0	0.0	0	0.0	0.0
NWF	4,347	23.2	175	16.6	2,805	16.7	16.0
WB	1,772	9.5	75	7.1	845	5.0	11.3
DV	461	2.5	23	2.2	276	1.6	12.0
VL	9,848	52.5	560	53.1	11,475	68.5	20.5
WS	2,319	12.4	222	21.0	1,352	8.1	6.1
WF	14,400	76.8	880	83.4	13,948	83.3	15.9
Total	18,747	100.0	1,055	100.0	16,753	100.0	15.9

¹Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 22b. ¹(**Persons rated Non-SMI**) Inpatient treatment indicators by CMHC (FY 2001)

CMHC	Non-SPMI persons in CMHCs		Non-SPMI persons in inpatient treatment		Inpatient treatment bed days to non-SPMI persons		Avg. inpatient bed days per SPMI person
	No.	%	No.	%	No.	%	No.
BR	1,121	5.2	51	7.7	215	3.7	4.2
CU	1,301	6.0	26	3.9	298	5.2	11.5
SW	1,712	8.0	8	1.2	69	1.2	8.6
NE	728	3.4	0	0.0	0	0.0	0.0
FC	1,269	5.9	19	2.9	462	8.0	24.3
SJ	298	1.4	0	0.0	0	0.0	0.0
NWF	6,429	29.9	104	15.7	1,044	18.2	10.0
WB	3,767	17.5	91	13.8	834	14.5	9.2
DV	1,319	6.1	52	7.9	317	5.5	6.1
VL	6,978	32.4	212	32.1	2,822	49.1	13.3
WS	3,019	14.0	202	30.6	727	12.7	3.6
WF	15,083	70.1	557	84.3	4,700	81.8	8.4
Total	21,512	100.0	661	100.0	5,744	100.0	8.7

¹Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Appendix C

Client Characteristics

FY 2002

Tables 23-34

Table 23. Ages of unduplicated clients (numbers and percents for FY 2002)

Provider	0-3	4-12	13-17	18-20	21-30	31-45	46-64	65-74	75+	Subtotal %	Sub-Total	No. Missing	% Missing	Total Number
BR-N	18	491	379	169	574	642	317	58	40	2688	2,688	26	1.0	2,714
%	0.7	18.3	14.1	6.3	21.4	23.9	11.8	2.2	1.5	100.0	6.4			
CU-N	17	313	356	172	420	556	305	62	35	2236	2,236	47	2.1	2,283
%	0.8	14.0	15.9	7.7	18.8	24.9	13.6	2.8	1.6	100.0	5.3			
SW-N	21	689	518	208	579	711	455	70	44	3295	3,295	8	0.2	3,303
%	0.6	20.9	15.7	6.3	17.6	21.6	13.8	2.1	1.3	100.0	7.8			
NE-N	7	172	175	39	140	215	113	15	9	885	885	356	28.7	1,241
%	0.8	19.4	19.8	4.4	15.8	24.3	12.8	1.7	1.0	100.0	2.1			
FC-N	11	252	321	132	336	470	270	22	28	1842	1,842	299	14.0	2,141
%	0.6	13.7	17.4	7.2	18.2	25.5	14.7	1.2	1.5	100.0	4.4			
SJ- N	0	71	93	36	75	116	65	13	27	496	496	217	30.4	713
%	0.0	14.3	18.8	7.3	15.1	23.4	13.1	2.6	5.4	100.0	1.2			
NWF-N	74	1988	1842	756	2124	2710	1525	240	183	11442	11,442	953	7.7	12,395
%	0.6	17.4	16.1	6.6	18.6	23.7	13.3	2.1	1.6	100.0	27.1			
WB-N	33	582	575	346	1142	1655	814	59	41	5247	5,247	167	3.1	5,414
%	0.6	11.1	11.0	6.6	21.8	31.5	15.5	1.1	0.8	100.0	12.4			
DV-N	7	345	356	226	755	1167	485	69	30	3440	3,440	913	21.0	4,353
%	0.2	10.0	10.3	6.6	21.9	33.9	14.1	2.0	0.9	100.0	8.2			
VL-N	203	2459	2160	781	2561	4430	2972	411	273	16250	16,250	2	0.0	16,252
%	1.2	15.1	13.3	4.8	15.8	27.3	18.3	2.5	1.7	100.0	38.6			
WS-N	79	1572	754	270	841	1213	729	133	183	5774	5,774	56	1.0	5,830
%	1.4	27.2	13.1	4.7	14.6	21.0	12.6	2.3	3.2	100.0	13.7			
WF- N	322	4958	3845	1623	5299	8465	5000	672	527	30711	30,711	1,138	3.6	31,849
%	1.0	16.1	12.5	5.3	17.3	27.6	16.3	2.2	1.7	100.0	72.9			
CMHCs-N	396	6946	5687	2379	7423	11175	6525	912	710	42153	42,153	2,091	4.7	44,244
%	0.9	16.5	13.5	5.6	17.6	26.5	15.5	2.2	1.7	100.0	100.0			
USH-N	0	45	77	43	153	234	147	34	14	747	747	0	0.0	747
%	0.0	6.0	10.3	5.8	20.5	31.3	19.7	4.6	1.9	100.0				

Table 24a. Gender of adults (FY 2002)

Provider	Male		Female		Subtotal	Subtotal	No.	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	Missing	Missing	
BR	787	43.7	1013	56.3	1800	100.0	0	0.0	1,800
CU	734	47.4	815	52.6	1549	100.0	1	0.1	1,550
SW	888	43.0	1179	57.0	2067	100.0	0	0.0	2,067
NE	172	32.4	359	67.6	531	100.0	0	0.0	531
FC	565	44.9	693	55.1	1258	100.0	0	0.0	1,258
SJ	153	46.1	179	53.9	332	100.0	0	0.0	332
NWF	3299	43.8	4238	56.2	7537	100.0	1	0.0	7,538
WB	2008	49.5	2049	50.5	4057	100.0	0	0.0	4,057
DV	1250	45.8	1481	54.2	2731	100.0	1	0.0	2,732
VL	5214	45.6	6214	54.4	11428	100.0	0	0.0	11,428
WS	1457	43.2	1912	56.8	3369	100.0	0	0.0	3,369
WF	9929	46.0	11656	54.0	21585	100.0	1	0.0	21,586
CMHCs	13228	45.4	15894	54.6	29122	100.0	2	0.0	29,124
SH	406	65.0	219	35.0	625	100.0	0	0.0	625

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 24b. Gender of children and youth (FY 2002)

Provider	Male		Female		Total	Total	No.	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	Missing	Missing	
BR	515	58.0	373	42.0	888	100.0	0	0.0	888
CU	400	58.3	286	41.7	686	100.0	0	0.0	686
SW	703	57.2	525	42.8	1228	100.0	0	0.0	1,228
NE	182	51.4	172	48.6	354	100.0	0	0.0	354
FC	340	58.2	244	41.8	584	100.0	0	0.0	584
SJ	101	62.0	62	38.0	163	100.0	1	0.6	164
NWF	2241	57.4	1662	42.6	3903	100.0	1	0.0	3,904
WB	730	61.3	460	38.7	1190	100.0	0	0.0	1,190
DV	398	56.3	309	43.7	707	100.0	1	0.1	708
VL	2866	59.4	1956	40.6	4822	100.0	0	0.0	4,822
WS	1363	56.7	1042	43.3	2405	100.0	0	0.0	2,405
WF	5357	58.7	3767	41.3	9124	100.0	1	0.0	9,125
CMHCs	7598	58.3	5429	41.7	13027	100.0	2	0.0	13,029
SH	72	59.0	50	41.0	122	100.0	0	0.0	122

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 25a. Race of adults (FY2002 unduplicated served)

Provider	Black		White		American Indian/ Alaskan Native		Asian/Pacific Islander		Other		Subtotal		Missing	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.		Missing	No.
BR	14	0.8	1666	92.6	42	2.3	12	0.7	65	3.6	1799	100.0	1	0.1	1,800
CU	3	0.2	1506	97.2	19	1.2	1	0.1	20	1.3	1549	100.0	1	0.1	1,550
SW	4	0.2	1957	94.7	53	2.6	6	0.3	47	2.3	2067	100.0	0	0.0	2,067
NE	0	0.0	498	94.1	28	5.3	1	0.2	2	0.4	529	100.0	2	0.4	531
FC	9	0.7	1117	89.1	38	3.0	2	0.2	87	6.9	1253	100.0	5	0.4	1,258
SJ	0	0.0	106	50.2	97	46.0	0	0.0	8	3.8	211	100.0	121	36.4	332
NWF	30	0.4	6850	92.5	277	3.7	22	0.3	229	3.1	7408	100.0	130	1.7	7,538
WB	133	3.3	3265	80.9	44	1.1	27	0.7	567	14.0	4036	100.0	21	0.5	4,057
DV	50	1.8	2500	92.2	20	0.7	13	0.5	129	4.8	2712	100.0	20	0.7	2,732
VL	206	2.2	8377	88.6	126	1.3	278	2.9	466	4.9	9453	100.0	1,975	17.3	11,428
WS	26	0.8	3163	94.4	53	1.6	31	0.9	77	2.3	3350	100.0	19	0.6	3,369
WF	415	2.1	17305	88.5	243	1.2	349	1.8	1239	6.3	19551	100.0	2,035	9.4	21,586
CMHCs	445	1.7	24155	89.6	520	1.9	371	1.4	1468	5.4	26959	100.0	2,165	7.4	29,124
SH	11	1.8	575	92.0	12	1.9	11	1.8	16	2.5	625	100.0	0	0.0	625

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 25b. Race of children and youth (FY2002 unduplicated served)

Provider	Black		White		American Indian/ Alaskan Native		Asian/Pacific Islander		Other		Subtotal		Missing	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.		Missing	No.
BR	20	2.3	791	89.1	21	2.4	4	0.5	52	5.9	888	100.0	0	0.0	888
CU	3	0.4	657	95.8	6	0.9	0	0.0	20	2.9	686	100.0	0	0.0	686
SW	18	1.5	1066	86.8	66	5.4	9	0.7	69	5.6	1228	100.0	0	0.0	1,228
NE	0	0.0	302	86.3	45	12.9	1	0.3	2	0.6	350	100.0	4	1.1	354
FC	5	0.9	507	87.1	22	3.8	4	0.7	44	7.6	582	100.0	2	0.3	584
SJ	0	0.0	58	44.6	67	51.5	1	0.8	4	3.1	130	100.0	34	20.7	164
NWF	46	1.2	3381	87.5	227	5.9	19	0.5	191	4.9	3864	100.0	40	1.0	3,904
WB	32	2.8	936	81.0	13	1.1	4	0.3	171	14.8	1156	100.0	34	2.9	1,190
DV	18	2.6	622	88.7	11	1.6	4	0.6	46	6.6	701	100.0	7	1.0	708
VL	124	3.6	3026	88.7	37	1.1	48	1.4	176	5.2	3411	100.0	1,411	29.3	4,822
WS	43	2.3	1633	87.6	41	2.2	28	1.5	119	6.4	1864	100.0	541	22.5	2,405
WF	217	3.0	6217	87.2	102	1.4	84	1.2	512	7.2	7132	100.0	1,993	21.8	9,125
CMHCs	263	2.4	9598	87.3	329	3.0	103	0.9	703	6.4	10996	100.0	2,033	15.6	13,029
SH	3	2.5	101	83.5	0	0.0	2	1.7	15	12.3	121	100.0	1	0.8	122

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 26a. Hispanic or Non-Hispanic origin of adults (FY 2002)

Provider	Hispanic		Non-Hispanic		Total		Missing	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Missing	No.
BR	98	5.4	1702	94.6	1800	100.0	0	0.0	1,800
CU	24	1.5	1526	98.5	1550	100.0	0	0.0	1,550
SW	102	5.1	1904	94.9	2006	100.0	61	3.0	2,067
NE	13	2.4	518	97.6	531	100.0	0	0.0	531
FC	146	11.6	1112	88.4	1258	100.0	0	0.0	1,258
SJ	13	3.9	318	96.1	331	100.0	1	0.3	332
NWF	396	5.3	7080	94.7	7476	100.0	62	0.8	7,538
WB	912	22.6	3126	77.4	4038	100.0	19	0.5	4,057
DV	167	6.2	2547	93.8	2714	100.0	18	0.7	2,732
VL	899	7.9	10529	92.1	11428	100.0	0	0.0	11,428
WS	145	4.3	3222	95.7	3367	100.0	2	0.1	3,369
WF	2123	9.9	19424	90.1	21547	100.0	39	0.2	21,586
CMHCs	2519	8.7	26543	91.3	29062	100.0	62	0.2	29,124
SH	40	6.4	582	93.6	622	100.0	3	0.5	625

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 26b. Hispanic or non-Hispanic origin of children (FY 2002)

Provider	Hispanic		Non-Hispanic		Total		Missing	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Missing	No.
BR	68	7.7	820	92.3	888	100.0	0	0.0	888
CU	23	3.4	663	96.6	686	100.0	0	0.0	686
SW	97	7.9	1129	92.1	1226	100.0	2	0.2	1,228
NE	7	2.0	347	98.0	354	100.0	0	0.0	354
FC	77	13.2	507	86.8	584	100.0	0	0.0	584
SJ	6	3.7	157	96.3	163	100.0	1	0.6	164
NWF	278	7.1	3623	92.9	3901	100.0	3	0.1	3,904
WB	256	21.5	933	78.5	1189	100.0	1	0.1	1,190
DV	58	8.3	645	91.7	703	100.0	5	0.7	708
VL	486	10.1	4336	89.9	4822	100.0	0	0.0	4,822
WS	209	8.7	2194	91.3	2403	100.0	2	0.1	2,405
WF	1009	11.1	8108	88.9	9117	100.0	8	0.1	9,125
CMHCs	1287	9.9	11731	90.1	13018	100.0	11	0.1	13,029
SH	2	1.7	119	98.3	121	100.0	1	0.8	122

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 27a. Principal diagnosis of adults at admission (FY2002 unduplicated served)

Provider	Substance abuse		Schizophrenia		Major depression		Bipolar disorder		Anxiety disorder		Adjustment disorder		Other disorder		Diagnosis deferred		Subtotal		Miss- ing	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Missing	No.
BR	34	1.9	163	9.1	488	27.1	161	8.9	137	7.6	61	3.4	735	40.8	21	1.2	1800	100.0	0	0.0	1,800
CU	466	30.1	80	5.2	265	17.1	68	4.4	56	3.6	44	2.8	270	17.4	301	19.4	1550	100.0	0	0.0	1,550
SW	514	24.9	166	8.0	468	22.6	194	9.4	92	4.5	70	3.4	549	26.6	14	0.7	2067	100.0	0	0.0	2,067
NE	21	4.0	34	6.4	173	32.6	53	10.0	33	6.2	31	5.8	177	33.4	8	1.5	530	100.0	1	0.2	531
FC	387	30.8	58	4.6	371	29.5	71	5.7	64	5.1	36	2.9	249	19.8	20	1.6	1256	100.0	2	0.2	1,258
SJ	37	15.0	13	5.3	71	28.7	3	1.2	5	2.0	6	2.4	91	36.8	21	8.5	247	100.0	85	25.6	332
NWF	1459	19.6	514	6.9	1836	24.6	550	7.4	387	5.2	248	3.3	2071	27.8	385	5.2	7450	100.0	88	1.2	7,538
WB	1128	27.8	415	10.2	442	10.9	214	5.3	157	3.9	113	2.8	1179	29.1	409	10.1	4057	100.0	0	0.0	4,057
DV	870	32.9	198	7.5	409	15.5	190	7.2	108	4.1	204	7.7	650	24.6	12	0.5	2641	100.0	91	3.3	2,732
VL	2291	20.0	1405	12.3	2528	22.1	974	8.5	402	3.5	309	2.7	3086	27.0	432	3.8	11427	100.0	1	0.0	11,428
WS	79	2.3	573	17.0	990	29.4	370	11.0	166	4.9	116	3.4	1036	30.8	39	1.2	3369	100.0	0	0.0	3,369
WF	4368	20.3	2591	12.1	4369	20.3	1748	8.1	833	3.9	742	3.5	5951	27.7	892	4.1	21494	100.0	92	0.4	21,586
CMHC	5827	20.1	3105	10.7	6205	21.4	2298	7.9	1220	4.2	990	3.4	8022	27.7	1277	4.4	28944	100.0	180	0.6	29,124
SH	38	6.1	329	52.6	61	9.8	53	8.5	6	1.0	0	0.0	132	21.1	6	1.0	625	100.0	0	0.0	625

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 27b. Principal diagnosis of adults at admission - Excluding substance abuse (FY2002 unduplicated served)

Provider	Substance abuse		Schizophrenia		Major depression		Bipolar disorder		Anxiety disorder		Adjustment disorder		Other disorder		Diagnosis deferred		Subtotal	
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.
BR			163	9.2	488	27.6	161	9.1	137	7.8	61	3.5	735	41.6	21	1.2	1766	100.0
CU			80	7.4	265	24.4	68	6.3	56	5.2	44	4.1	270	24.9	301	27.8	1084	100.0
SW			166	10.7	468	30.1	194	12.5	92	5.9	70	4.5	549	35.4	14	0.9	1553	100.0
NE			34	6.7	173	34.0	53	10.4	33	6.5	31	6.1	177	34.8	8	1.6	509	100.0
FC			58	6.7	371	42.7	71	8.2	64	7.4	36	4.1	249	28.7	20	2.3	869	100.0
SJ			13	6.2	71	33.8	3	1.4	5	2.4	6	2.9	91	43.3	21	10.0	210	100.0
NWF			514	8.6	1836	30.6	550	9.2	387	6.5	248	4.1	2071	34.6	385	6.4	5991	100.0
WB			415	14.2	442	15.1	214	7.3	157	5.4	113	3.9	1179	40.3	409	14.0	2929	100.0
DV			198	11.2	409	23.1	190	10.7	108	6.1	204	11.5	650	36.7	12	0.7	1771	100.0
VL			1405	15.4	2528	27.7	974	10.7	402	4.4	309	3.4	3086	33.8	432	4.7	9136	100.0
WS			573	17.4	990	30.1	370	11.2	166	5.0	116	3.5	1036	31.5	39	1.2	3290	100.0
WF			2591	15.1	4369	25.5	1748	10.2	833	4.9	742	4.3	5951	34.7	892	5.2	17126	100.0
CMHC			3105	13.4	6205	26.8	2298	9.9	1220	5.3	990	4.3	8022	34.7	1277	5.5	23117	100.0
SH			329	56.0	61	10.4	53	9.0	6	1.0	0	0.0	132	22.5	6	1.0	587	100.0

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 28a. (Numbers) Principal diagnosis of *children and youth* at admission (FY2002 unduplicated served)

Provider	1 Sub- stance abuse	2 Schizo- phrenia	3 Major depres- sion	4 Bi- polar dis.	5 Con- duct dis.	6 Atten- tion deficit	7 Opposi- tional defiant	8 Anx- iety	9 Other child dis.	10 Retarded/ Org. brain disorder	11 Abuse- related disorder	12 Adjust- ment disorder	13 Other dis- order	14 Diag- nosis de- ferred	Subtotal	No. Missing	% Missing	Total
BR	5	2	64	12	61	117	95	44	19	20	50	56	332	11	888	0	0.0	888
CU	61	1	32	7	42	124	31	12	13	10	60	55	112	126	686	0	0.0	686
SW	80	2	81	7	54	98	52	93	12	16	82	63	585	3	1228	0	0.0	1,228
NE	6	0	23	12	16	42	14	10	13	2	55	49	105	2	349	5	1.4	354
FC	49	2	56	1	21	107	100	18	12	7	13	33	144	18	581	3	0.5	584
SJ	10	1	12	0	2	11	5	4	11	3	5	5	33	4	106	58	35.4	164
NWF	211	8	268	39	196	499	297	181	80	58	265	261	1311	164	3838	66	1.7	3,904
WB	118	5	36	14	161	121	119	10	23	13	140	29	337	64	1190	0	0.0	1,190
DV	42	1	43	14	45	95	66	22	11	13	75	99	144	3	673	35	4.9	708
VL	205	8	264	102	283	818	377	186	76	228	661	559	970	85	4822	0	0.0	4,822
WS	14	5	139	38	120	309	160	30	33	84	45	550	859	19	2405	0	0.0	2,405
WF	379	19	482	168	609	1343	722	248	143	338	921	1237	2310	171	9090	35	0.4	9,125
CMHC	590	27	750	207	805	1842	1019	429	223	396	1186	1498	3621	335	12928	101	0.8	13,029
SH	0	8	16	42	2	3	0	1	5	3	0	0	42	0	122	0	0.0	122

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 28b. (Percents) Principal diagnosis of *children and youth* at admission (FY2002 unduplicated served)

Provider	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Subtotal %
BR	0.6	0.2	7.2	1.4	6.9	13.2	10.7	5.0	2.1	2.3	5.6	6.3	37.4	1.2	100.0
CU	8.9	0.1	4.7	1.0	6.1	18.1	4.5	1.7	1.9	1.5	8.7	8.0	16.3	18.4	100.0
SW	6.5	0.2	6.6	0.6	4.4	8.0	4.2	7.6	1.0	1.3	6.7	5.1	47.6	0.2	100.0
NE	1.7	0.0	6.6	3.4	4.6	12.0	4.0	2.9	3.7	0.6	15.8	14.0	30.1	0.6	100.0
FC	8.4	0.3	9.6	0.2	3.6	18.4	17.2	3.1	2.1	1.2	2.2	5.7	24.8	3.1	100.0
SJ	9.4	0.9	11.3	0.0	1.9	10.4	4.7	3.8	10.4	2.8	4.7	4.7	31.1	3.8	100.0
NWF	5.5	0.2	7.0	1.0	5.1	13.0	7.7	4.7	2.1	1.5	6.9	6.8	34.2	4.3	100.0
WB	9.9	0.4	3.0	1.2	13.5	10.2	10.0	0.8	1.9	1.1	11.8	2.4	28.3	5.4	100.0
DV	6.2	0.1	6.4	2.0	6.7	14.1	9.8	3.3	1.6	1.9	11.1	14.7	21.5	0.4	100.0
VL	4.3	0.2	5.5	2.1	5.9	17.0	7.8	3.9	1.6	4.7	13.7	11.6	20.1	1.8	100.0
WS	0.6	0.2	5.8	1.6	5.0	12.8	6.7	1.2	1.4	3.5	1.9	22.9	35.7	0.8	100.0
WF	4.2	0.2	5.3	1.8	6.7	14.8	7.9	2.7	1.6	3.7	10.1	13.6	25.4	1.9	100.0
CMHC	4.6	0.2	5.8	1.6	6.2	14.2	7.9	3.3	1.7	3.1	9.2	11.6	28.0	2.6	100.0
SH	0.0	6.6	13.1	34.4	1.6	2.5	0.0	0.8	4.1	2.5	0.0	0.0	34.4	0.0	100.0

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 29a. Severity of mental illness of adults at admission (FY2002 unduplicated served)

	SPMI		Not SPMI		Subtotal		Missing	%	Total
Provider	No.	Pct.	No.	Pct.	No.	Pct.	No.	Missing	No.
BR	1003	55.7	797	44.3	1800	100.0	0	0.0	1,800
CU	495	31.9	1055	68.1	1550	100.0	0	0.0	1,550
SW	1004	48.6	1062	51.4	2066	100.0	1	0.0	2,067
NE	296	51.6	233	48.4	529	100.0	2	0.4	531
FC	520	41.3	738	58.7	1258	100.0	0	0.0	1,258
SJ	43	13.0	289	87.0	332	100.0	0	0.0	332
NWF	3361	38.1	4174	61.9	7535	100.0	3	0.0	7,538
WB	2651	65.3	1406	34.7	4057	100.0	0	0.0	4,057
DV	567	23.1	1887	76.9	2454	100.0	278	10.2	2,732
VL	6644	58.1	4784	41.9	11428	100.0	0	0.0	11,428
WS	1979	58.7	1390	41.3	3369	100.0	0	0.0	3,369
WF	11841	55.6	9467	44.4	21308	100.0	278	1.3	21,586
CMHCs	15202	52.7	13641	47.3	28843	100.0	281	1.0	29,124
SH	621	99.8	1	0.2	622	100.0	3	0.5	625

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 29b. Severity of mental illness of *children and youth* at admission (FY2002 unduplicated served)

	SED		Not SED		Subtotal		Missing	%	Total
Provider	No.	Pct.	No.	Pct.	No.	Pct.	No.	Missing	No.
BR	490	55.2	398	44.8	888	100.0	0	0.0	888
CU	283	41.3	403	58.7	686	100.0	0	0.0	686
SW	789	64.3	439	35.7	1228	100.0	0	0.0	1,228
NE	231	65.4	122	34.6	353	100.0	1	0.3	354
FC	314	53.8	270	46.2	584	100.0	0	0.0	584
SJ	17	10.4	147	89.6	164	100.0	0	0.0	164
NWF	2124	54.4	1779	45.6	3903	100.0	1	0.0	3,904
WB	90	7.6	1100	92.4	1190	100.0	0	0.0	1,190
DV	207	33.3	415	66.7	622	100.0	86	12.1	708
VL	3393	70.4	1429	29.6	4822	100.0	0	0.0	4,822
WS	920	38.3	1485	61.7	2405	100.0	0	0.0	2,405
WF	4610	51.0	4429	49.0	9039	100.0	86	0.9	9,125
CMHCs	6734	52.0	6208	48.0	12942	100.0	87	0.7	13,029
SH	121	100	0	0.0	121	100.0	1	0.8	122

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 30. Employment status of adults at admission (FY2002 unduplicated served)

Provider	Full-time		Part-time		Supported/ Transitional		Student		Homemaker		Retired	
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.
BR	409	23.1	279	15.7	22	1.2	142	8.0	13	0.7	93	5.2
CU	376	26.0	197	13.6	43	3.0	336	23.2	42	2.9	37	2.6
SW	480	23.2	292	14.1	28	1.4	152	7.4	126	6.1	93	4.5
NE	106	20.1	68	12.9	32	6.1	279	52.8	20	3.8	3	0.6
FC	247	23.6	132	12.6	20	1.9	141	13.5	80	7.7	32	3.1
SJ	56	21.4	30	11.5	27	10.3	27	10.3	15	5.7	60	22.9
NWF	1674	23.5	998	14.0	172	2.4	1077	15.1	296	4.2	318	4.5
WB	901	22.5	463	11.6	23	0.6	543	13.6	49	1.2	78	2.0
DV	636	26.6	231	9.6	58	2.4	675	28.2	21	0.9	31	1.3
VL	1816	17.0	974	9.1	254	2.4	649	6.1	546	5.1	234	2.2
WS	423	13.1	356	11.0	45	1.4	391	12.1	231	7.1	201	6.2
WF	3776	18.6	2024	10.0	380	1.9	2258	11.1	847	4.2	544	2.7
CMHCs	5450	19.9	3022	11.0	552	2.0	3335	12.2	1143	4.2	862	3.1
SH	2	1.0	1	0.5	0	0.0	4	1.9	0	0.0	0	0.0

Provider	Not employed		Disabled		Subtotal		Missing	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Missing	No.
BR	772	43.5	43	2.4	1773	100.0	27	1.5	1,800
CU	160	11.1	256	17.7	1447	100.0	103	6.6	1,550
SW	639	30.9	255	12.3	2065	100.0	2	0.1	2,067
NE	20	3.8	0	0.0	528	100.0	3	0.6	531
FC	281	26.9	112	10.7	1045	100.0	213	16.9	1,258
SJ	26	9.9	21	8.0	262	100.0	70	21.1	332
NWF	1898	26.7	687	9.6	7120	100.0	418	5.5	7,538
WB	1699	42.5	244	6.1	4000	100.0	57	1.4	4,057
DV	742	31.0	0	0.0	2394	100.0	338	12.4	2,732
VL	5876	55.1	311	2.9	10660	100.0	768	6.7	11,428
WS	1194	36.9	393	12.2	3234	100.0	135	4.0	3,369
WF	9511	46.9	948	4.7	20288	100.0	1,298	6.0	21,586
CMHCs	11409	41.6	1635	6.0	27408	100.0	1,716	5.9	29,124
SH	199	96.6	0	0.0	206	100.0	419	67.0	625

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 31. Marital status of adults at admission (FY2002 unduplicated served)

Provider	Never married		Now married		Separated		Divorced		Widowed		Subtotal		Missing	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Missing	No.
BR	667	37.1	556	30.9	140	7.8	383	21.3	52	2.9	1798	100.0	2	0.1	1,800
CU	477	32.8	547	37.6	74	5.1	317	21.8	41	2.8	1456	100.0	94	6.1	1,550
SW	690	33.4	586	28.4	208	10.1	509	24.6	74	3.6	2067	100.0	0	0.0	2,067
NE	126	23.8	203	38.4	57	10.8	109	20.6	34	6.4	529	100.0	2	0.4	531
FC	425	34.2	345	27.8	109	8.8	311	25.0	52	4.2	1242	100.0	16	1.3	1,258
SJ	108	38.3	85	30.1	20	7.1	49	17.4	20	7.1	282	100.0	50	15.1	332
NWF	2493	33.8	2322	31.5	608	8.2	1678	22.7	273	3.8	7374	100.0	164	2.2	7,538
WB	1555	38.6	771	19.1	533	13.2	1077	26.7	94	2.3	4030	100.0	27	0.7	4,057
DV	1110	41.0	622	23.0	241	8.9	677	25.0	55	2.0	2705	100.0	27	1.0	2,732
VL	4920	45.2	2074	19.0	923	8.5	2616	24.0	362	3.3	10895	100.0	533	4.7	11,428
WS	1255	37.9	738	22.3	294	8.9	856	25.9	164	5.0	3307	100.0	62	1.8	3,369
WF	8840	42.2	4205	20.1	1991	9.5	5226	25.0	675	3.2	20937	100.0	649	3.0	21,586
CMHCs	11333	40.0	6527	23.1	2599	9.2	6904	24.4	948	3.3	28311	100.0	813	2.8	29,124
SH	356	59.3	75	12.5	23	3.8	128	21.3	18	3.0	600	100.0	25	4.0	625

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 32a. Residential arrangement of adults at admission (FY2002 unduplicated served)

Provider	Street or Shelter		Private Residence: Subtotal		'Private Residence: no support		'Private Residence with support		24-hour Residential Program		Jail or Prison		Other Institution		Adult Foster Home		Subtotal **		Missing	%	Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Missing	No.
BR	19	1.1	1658	93.7	1653		5		50	2.8	22	1.2	21	1.2	0	0.0	1770	100.0	30	1.7	1,800
CU	11	0.7	1506	97.3	1497		9		22	1.4	7	0.5	1	0.1	1	0.1	1548	100.0	2	0.1	1,550
SW	39	1.9	1883	91.1	1825		58		15	0.7	25	1.2	105	5.1	0	0.0	2067	100.0	0	0.0	2,067
NE	2	0.4	523	99.1	487		36		3	0.6	0	0.0	0	0.0	0	0.0	528	100.0	3	0.6	531
FC	16	2.2	658	88.6	613		45		47	6.3	7	0.9	9	1.2	6	0.8	743	100.0	515	40.9	1,258
SJ	0	0.0	105	82.7	105		0		15	11.8	0	0.0	7	5.5	0	0.0	127	100.0	205	61.7	332
NWF	87	1.3	6333	93.4	6180		153		152	2.2	61	0.9	143	2.1	7	0.1	6783	100.0	755	10.0	7,538
WB	191	6.6	2015	69.5	1689		326		613	21.1	34	1.2	48	1.7	0	0.0	2901	100.0	1156	28.5	4,057
DV	12	0.4	2554	94.2	2548		6		30	1.1	36	1.3	80	2.9	0	0.0	2712	100.0	20	0.7	2,732
VL	324	3.3	8976	92.4	8796		180		193	2.0	112	1.2	108	1.1	0	0.0	9713	100.0	1715	15.0	11,428
WS	152	4.6	2584	78.2	2503		81		266	8.0	8	0.2	271	8.2	25	0.8	3306	100.0	63	1.9	3,369
WF	679	3.6	16129	86.6	15536		593		1102	5.9	190	1.0	507	2.7	25	0.1	18632	100.0	2954	13.7	21,586
CMHCs	766	3.1	21554	88.0	20804		750		1254	5.1	251	1.0	650	2.7	32	0.1	24507	100.0	4617	15.9	29,124
SH	0	0.0	46	7.5	46		0		11	1.8	216	35.1	343	55.7	0	0.0	616	100.0	9	1.4	625

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

** Percent may not total to 100%.

Table 32b. Residential arrangement of *children and youth* at admission (FY2002 unduplicated served)

Provider	Street or Shelter		Private Residence		^{1,2} Private Residence: no support		^{1,2} Private Residence: with support		24-hour Residential Program		Youth Corrections		Other Institution		Child Foster Home		Subtotal		Missing	%	Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Missing	No.
BR	5	0.6	847	95.7	847		0		27	3.1	0	0.0	2	0.2	4	0.5	885	100.0	3	0.3	888
CU	2	0.3	674	98.3	670		4		1	0.1	0	0.0	0	0.0	9	1.3	686	100.0	0	0.0	686
SW	5	0.4	1095	89.2	1043		52		6	0.5	5	0.4	63	5.1	54	4.4	1228	100.0	0	0.0	1,228
NE	0	0.0	352	99.7	352		0		1	0.3	0	0.0	0	0.0	0	0.0	353	100.0	1	0.3	354
FC	2	0.6	270	81.1	190		80		48	14.4	12	3.6	1	0.3	0	0.0	333	100.0	251	43.0	584
SJ	0	0.0	77	97.5	77		0		1	1.3	1	1.3	0	0.0	0	0.0	79	100.0	85	51.8	164
NWF	14	0.4	3315	93.0	3179		136		84	2.4	18	0.5	66	1.9	67	1.9	3564	100.0	340	8.7	3,904
WB	31	3.6	684	79.5	362		322		126	14.7	1	0.1	12	1.4	6	0.7	860	100.0	330	27.7	1,190
DV	0	0.0	698	99.0	694		4		5	0.7	2	0.3	0	0.0	0	0.0	705	100.0	3	0.4	708
VL	46	1.3	3592	98.3	3527		65		7	0.2	5	0.1	4	0.1	0	0.0	3654	100.0	1168	24.2	4,822
WS	6	0.3	2162	92.0	2153		9		17	0.7	0	0.0	4	0.2	162	6.9	2351	100.0	54	2.2	2,405
WF	83	1.1	7136	94.3	6736		400		155	2.0	8	0.1	20	0.3	168	2.2	7570	100.0	1555	17.0	9,125
CMHCs	97	0.9	10438	93.9	9903		535		239	2.1	26	0.2	86	0.8	235	2.1	11121	100.0	1908	14.6	13,029
SH	0	0.0	44	36.7	44		0		10	8.3	5	4.2	61	50.8	0	0.0	120	100.0	2	1.6	122

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

¹Data in these columns are incomplete because the System just began collecting data in this format on January 1, 2002. See subtotal column.

² "With support" means: not age appropriate, services for general health, MH crises, recovery, symptoms, or case management. Services may be provided by a family member or external caregiver.

Table 33a. Referral source of *adults* at admission (FY2002 unduplicated served)

Provider	Self, Family or Friend		Physician/ Medical Facility		Court/Police/ Corrections		Educational System		Social/Community Agency		Public Psychiatric/MH program		Other		Subtotal		Missing	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Missing	No.
BR	940	52.3	220	12.2	197	11.0	13	0.7	163	9.1	54	3.0	210	11.7	1,797	100.0	3	0.2	1,800
CU	1195	77.1	92	5.9	165	10.7	4	0.3	54	3.5	24	1.5	15	1.0	1,549	100.0	1	0.1	1,550
SW	862	41.7	311	15.1	403	19.5	9	0.4	229	11.1	116	5.6	135	6.5	2,065	100.0	2	0.1	2,067
NE	293	55.5	98	18.6	33	6.3	2	0.4	64	12.1	2	0.4	36	6.8	528	100.0	3	0.6	531
FC	604	48.5	66	5.3	249	20.0	8	0.6	88	7.1	41	3.3	190	15.2	1,246	100.0	12	1.0	1,258
SJ	110	37.7	31	10.6	19	6.5	11	3.8	45	15.4	4	1.4	72	24.7	292	100.0	40	12.0	332
NWF	4004	53.6	818	10.9	1066	14.3	47	0.6	643	8.6	241	3.2	658	8.8	7,477	100.0	61	0.8	7,538
WB	1295	31.9	371	9.1	1402	34.6	14	0.3	120	3.0	401	9.9	453	11.2	4,056	100.0	1	0.0	4,057
DV	1054	39.6	163	6.1	814	30.6	13	0.5	238	8.9	185	6.9	196	7.4	2,663	100.0	69	2.5	2,732
VL	5654	53.8	988	9.4	2416	23.0	15	0.1	567	5.4	129	1.2	736	7.0	10,505	100.0	923	8.1	11,428
WS	1329	41.0	457	14.1	365	11.3	35	1.1	538	16.6	144	4.4	374	11.5	3,242	100.0	127	3.8	3,369
WF	9332	45.6	1979	9.7	4997	24.4	77	0.4	1463	7.1	859	4.2	1,759	8.6	20,466	100.0	1,120	5.2	21,586
CMHCs	13336	47.7	2797	10.0	6063	21.7	124	0.4	2106	7.5	1,100	3.9	2,417	8.6	27,943	100.0	1,181	4.1	29,124
SH	0	0.0	1	0.2	244	39.0	0	0.0	56	9.0	324	51.8	0	0.0	625	100.0	0	0.0	625

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 33b. Referral source of *children and youth* at admission (FY2002 unduplicated served)

Provider	Self, Family or Friend		Physician/ Medical Facility		Court/Police/ Corrections		Educational System		Social/Community Agency		Public Psychiatric/MH program		Other		Subtotal		Missing	%	Total
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Missing	No.
BR	390	43.9	62	7.0	94	10.6	138	15.5	157	17.7	9	1.0	38	4.3	888	100.0	0	0.0	888
CU	580	84.5	21	3.1	27	3.9	9	1.3	35	5.1	6	0.9	8	1.2	686	100.0	0	0.0	686
SW	409	33.3	82	6.7	147	12.0	224	18.2	320	26.1	27	2.2	19	1.5	1,228	100.0	0	0.0	1,228
NE	156	44.2	29	8.2	33	9.3	11	3.1	111	31.4	1	0.3	12	3.4	353	100.0	1	0.3	354
FC	228	39.7	18	3.1	49	8.5	84	14.6	124	21.6	12	2.1	60	10.4	575	100.0	9	1.5	584
SJ	60	39.2	1	0.7	19	12.4	35	22.9	21	13.7	2	1.3	15	9.8	153	100.0	11	6.7	164
NWF	1823	46.9	213	5.5	369	9.5	501	12.9	768	19.8	57	1.5	152	3.9	3,883	100.0	21	0.5	3,904
WB	306	25.7	60	5.0	274	23.0	86	7.2	307	25.8	39	3.3	117	9.8	1,189	100.0	1	0.1	1,190
DV	297	42.4	39	5.6	90	12.8	70	10.0	129	18.4	40	5.7	36	5.1	701	100.0	7	1.0	708
VL	3047	64.1	107	2.3	331	7.0	136	2.9	1039	21.9	25	0.5	65	1.4	4,750	100.0	72	1.5	4,822
WS	742	31.7	82	3.5	124	5.3	355	15.2	992	42.3	12	0.5	36	1.5	2,343	100.0	62	2.6	2,405
WF	4392	48.9	288	3.2	819	9.1	647	7.2	2467	27.5	116	1.3	254	2.8	8,983	100.0	142	1.6	9,125
CMHCs	6215	48.3	501	3.9	1188	9.2	1148	8.9	3235	25.1	173	1.3	406	3.2	12,866	100.0	163	1.3	13,029
SH	0	0.0	0	0.0	1	0.8	0	0.0	2	1.6	119	97.5	0	0.0	122	100.0	0	0.0	122

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 34a. Expected principal payment source at admission to the CMHCs as perceived by adults (FY2002 unduplicated served)

Provider	Mental Health Org.		Personal Resources		Commercial Insurance		Medicaid		Medicare		Other Sources		Subtotal		Missing	%	Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Missing	No.
BR	0	0.0	556	31.1	330	18.5	847	47.4	47	2.6	8	0.4	1788	100.0	12	0.7	1,800
CU	315	20.3	371	23.9	215	13.9	489	31.5	75	4.8	85	5.5	1550	100.0	0	0.0	1,550
SW	490	23.7	222	10.7	246	11.9	850	41.1	142	6.9	116	5.6	2066	100.0	1	0.0	2,067
NE	12	2.3	164	30.9	108	20.3	183	34.5	34	6.4	30	5.6	531	100.0	0	0.0	531
FC	164	13.8	602	50.6	108	9.1	278	23.4	24	2.0	14	1.2	1190	100.0	68	5.4	1,258
SJ	83	25.2	69	21.0	39	11.9	42	12.8	9	2.7	87	26.4	329	100.0	3	0.9	332
NWF	1064	14.3	1984	26.6	1046	14.0	2689	36.1	331	4.4	340	4.6	7454	100.0	84	1.1	7,538
WB	1527	39.1	10	0.3	210	5.4	1458	37.4	144	3.7	553	14.2	3902	100.0	155	3.8	4,057
DV	4	0.2	852	38.6	214	9.7	522	23.7	88	4.0	525	23.8	2205	100.0	527	19.3	2,732
VL	5565	48.8	0	0.0	1328	11.6	3425	30.0	648	5.7	438	3.8	11404	100.0	24	0.2	11,428
WS	725	21.5	9	0.3	197	5.8	1806	53.6	135	4.0	497	14.8	3369	100.0	0	0.0	3,369
WF	7821	37.5	871	4.2	1949	9.3	7211	34.5	1015	4.9	2013	9.6	20880	100.0	706	3.3	21,586
CMHCs	8885	31.4	2855	10.1	2995	10.6	9900	34.9	1346	4.8	2353	8.3	28334	100.0	790	2.7	29,124

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Table 34b. Expected payment source at admission to the CMHCs for children and youth at admission (FY2002 unduplicated served)

Provider	Mental Health Org.		Personal Resources		Commercial Insurance		Medicaid		Other Sources		Subtotal		Missing	%	Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Missing	No.
BR	0	0.0	108	12.2	188	21.2	573	64.6	18	2.0	887	100.0	1	0.1	888
CU	79	11.5	48	7.0	120	17.5	373	54.4	66	9.6	686	100.0	0	0.0	686
SW	75	6.1	50	4.1	185	15.1	767	62.5	151	12.3	1228	100.0	0	0.0	1,228
NE	1	0.3	57	16.1	74	20.9	210	59.3	12	3.4	354	100.0	0	0.0	354
FC	69	12.5	130	23.5	60	10.8	284	51.3	11	2.0	554	100.0	30	5.1	584
SJ	29	18.4	22	13.9	28	17.7	42	26.6	37	23.4	158	100.0	6	3.7	164
NWF	253	6.5	415	10.7	655	16.9	2249	58.2	295	7.6	3867	100.0	37	0.9	3,904
WB	119	10.3	12	1.0	85	7.4	790	68.3	150	13.0	1156	100.0	34	2.9	1,190
DV	1	0.2	68	12.0	33	5.8	354	62.4	111	19.6	567	100.0	141	19.9	708
VL	938	19.5	0	0.0	911	18.9	2860	59.4	104	2.2	4813	100.0	9	0.2	4,822
WS	435	18.1	7	0.3	59	2.5	1507	62.7	397	16.5	2405	100.0	0	0.0	2,405
WF	1493	16.7	87	1.0	1088	12.2	5511	61.6	762	8.5	8941	100.0	184	2.0	9,125
CMHCs	1746	13.6	502	3.9	1743	13.6	7760	60.6	1057	8.3	12808	100.0	221	1.7	13,029

In addition, there are 2091 clients with age as missing data. It is unknown whether they are adults or children/youth.

Appendix D

Services Profiles

FY 2002

Tables 35-44

Table 35. (All Clients) Non-duplicated persons served, total expenditures, and expenditures per person, by CMHC and Utah State Hospital (FY 2002)

¹ Non-duplicated persons served					² Total Expenditures				Average expenditures per person			
CMHC	Fiscal Year				Fiscal Year				Fiscal Year			
	1999	2000	2001	2002	1999	2000	2001	2002	1999	2000	2001	2002
³ BR	2,272	2,211	2,393	2,714	\$4,153,248	\$4,564,709	\$4,856,300	\$ 5,610,597	\$1,828	\$2,065	\$ 2,029	\$ 2,067
CU	1,377	1,575	1,891	2,283	\$3,200,956	\$3,207,687	\$3,530,400	\$ 3,660,100	\$2,325	\$2,037	\$ 1,867	\$ 1,603
SW	2,806	2,859	2,999	3,303	\$6,231,118	\$7,548,469	\$7,839,400	\$ 7,879,390	\$2,221	\$2,640	\$ 2,614	\$ 2,386
NE	1,696	1,487	1,925	1,241	\$1,262,252	\$2,030,000	\$2,054,500	\$ 2,460,733	\$744	\$1,365	\$ 1,067	\$ 1,983
FC	1,868	1,988	2,087	2,141	\$2,791,398	\$2,732,945	\$3,603,800	\$ 3,979,599	\$1,494	\$1,375	\$ 1,727	\$ 1,859
SJ	632	762	678	713	\$809,004	\$707,711	\$928,900	\$ 1,025,000	\$1,280	\$929	\$ 1,370	\$ 1,438
NWF	10,651	10,882	11,973	12,395	\$18,447,976	\$20,791,521	\$22,813,300	\$ 24,615,419	\$1,732	\$1,911	\$ 1,905	\$ 1,986
WB	6,180	6,295	5,585	5,414	\$8,948,816	\$10,781,730	\$8,903,400	\$ 12,941,467	\$1,448	\$1,713	\$ 1,594	\$ 2,390
DV	4,212	3,552	2,264	4,353	\$7,010,190	\$7,764,296	\$7,911,300	\$ 8,289,044	\$1,664	\$2,186	\$ 3,494	\$ 1,904
VL	16,156	16,533	16,914	16,252	\$55,651,563	\$57,860,419	\$65,043,700	\$ 70,457,965	\$3,445	\$3,500	\$ 3,846	\$ 4,335
WS	4,756	5,522	5,386	5,830	\$11,688,070	\$13,330,626	\$14,644,600	\$ 15,762,029	\$2,458	\$2,414	\$ 2,719	\$ 2,704
WF	31,304	31,902	30,149	31,849	\$83,298,639	\$89,737,071	\$96,503,000	\$ 107,450,505	\$2,661	\$2,813	\$ 3,201	\$ 3,374
Total	41,955	42,784	42,122	44,244	\$101,746,616	\$110,528,592	\$119,316,300	\$ 132,065,924	\$2,425	\$2,583	\$ 2,833	\$ 2,985
USH	591	684	719	747	\$32,097,061	\$ 36,029,017	\$ 41,272,327	\$ 41,126,900	\$54,310	\$52,674	\$57,402	\$55,056

¹Unduplicated counts are within, not between CMHCs. Some consumers may have transferred within the year and received service from more than one CMHC.

²Source: Division of Mental Health annual expenditure reports from providers.

³Code: BR=Bear River, CU=Central Utah, SW=Southwest, NE=Northeastern, FC=Four Corners, SJ =San Juan, WB=Weber, DV=Davis, VL=Valley, WS=Wasatch, WF=Wasatch Front, NFW=Non-Wasatch Front, CMHCs=Community Mental Health Centers.

Table 36. Overall penetration rates (percent of population served), by CMHC and Fiscal Year (**All Clients**)(1999--2002)

CMHC	Non-duplicated persons served				Utah Census population at beginning of				Percent of Population Served			
	Fiscal Year				Fiscal Year				Fiscal Year			
	1999	2000	2001	2002	1999	2000	2001	2002	1999	2000	2001	2002
³ BR	2,272	2,211	2,393	2,714	131,722	134,251	136,712	138,600	1.72	1.65	1.75	1.96
CU	1,377	1,575	1,891	2,283	64,676	65,250	66,506	67,208	2.13	2.41	2.84	3.40
SW	2,806	2,859	2,999	3,303	132,553	137,658	142,006	147,369	2.12	2.08	2.11	2.24
NE	1,696	1,487	1,925	1,241	39,222	40,181	40,627	41,639	4.32	3.70	4.74	2.98
FC	1,868	1,988	2,087	2,141	39,951	39,924	39,715	39,715	4.68	4.98	5.25	5.39
SJ	632	762	678	713	14,779	14,573	14,360	14,063	4.28	5.23	4.72	5.07
NWF	10,651	10,882	11,973	12,395	422,903	431,837	439,926	448,594	2.52	2.52	2.72	2.76
WB	6,180	6,295	5,585	5,414	196,442	200,481	204,722	207,864	3.15	3.14	2.73	2.60
DV	4,212	3,552	2,264	4,353	229,450	235,364	240,204	244,845	1.84	1.51	0.94	1.78
VL	16,156	16,533	16,914	16,252	933,885	952,309	974,374	993,989	1.73	1.74	1.74	1.64
WS	4,756	5,522	5,386	5,830	358,952	373,023	387,327	401,639	1.32	1.48	1.39	1.45
WF	31,304	31,902	30,149	31,849	1,718,729	1,761,177	1,806,627	1,848,337	1.82	1.81	1.67	1.72
Total	41,955	42,784	42,122	44,244	2,141,632	2,193,014	2,246,553	2,296,931	1.96	1.95	1.87	1.93

¹Unduplicated counts are within, not between CMHCs. Some consumers may have transferred within the year and received service from more than one CMHC.

²Source: Division of Mental Health annual expenditure reports from providers.

³Code: BR=Bear River, CU=Central Utah, SW=Southwest, NE=Northeastern, FC=Four Corners, SJ =San Juan, WB=Weber, DV=Davis, VL=Valley, WS=Wasatch, WF=Wasatch Front, NFW=Non-Wasatch Front, CMHCs=Community Mental Health Centers.

Table 37. (All Clients) Type and amount of service at the CMHCs (FY 2002) (percents total across rows rather than down columns)

Provider	^a All Clients No.	Services to all persons											
		¹ Clinic Services		² Day Treatment		³ Residential Support		⁴ Residential Treatment		⁵ Inpatient Treatment		Duplicated total	
		No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2
BR	2,714	2,687	99.0	401	14.8	0	0.0	42	1.5	130	4.8	3,260	120.1
CU	2,283	2,231	97.7	360	15.8	35	1.5	14	0.6	49	2.1	2,689	117.8
SW	3,303	3,182	96.3	667	20.2	29	0.9	88	2.7	40	1.2	4,006	121.3
NE	1,241	1,241	100.0	62	5.0	0	0.0	0	0.0	0	0.0	1,303	105.0
FC	2,141	2,127	99.3	192	9.0	0	0.0	0	0.0	52	2.4	2,371	110.7
SJ	713	712	99.9	50	7.0	0	0.0	0	0.0	0	0.0	762	106.9
NWF	12,395	12,180	98.3	1,732	14.0	64	0.5	144	1.2	271	2.2	14,391	116.1
WB	5,414	5,356	98.9	527	9.7	65	1.2	149	2.8	324	6.0	6,421	118.6
DV	4,353	4,331	99.5	573	13.2	31	0.7	438	10.1	122	2.8	5,495	126.2
VL	16,252	16,165	99.5	3,101	19.1	363	2.2	1,127	6.9	721	4.4	21,477	132.1
WS	5,830	5,782	99.2	1,211	20.8	68	1.2	369	6.3	458	7.9	7,888	135.3
WF	31,849	31,634	99.3	5,412	17.0	527	1.7	2,083	6.5	1,625	5.1	41,281	129.6
Centers	44,244	43,814	99.0	7,144	16.1	591	1.3	2,227	5.0	1,896	4.3	55,672	125.8

¹Clinic services is defined in the footnote to Table 5.

²Day treatment is sometimes referred to as partial hospitalization, psychosocial rehabilitation, or skills development. The program runs at least three hours but less than 24 hours per session and provides more structure than outpatient, but less structure than residential support and residential treatment.

³This program provides 24-hour care and support in an overnight group residential setting. Programs are not required to provide 24-hour awake supervision. Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, housekeeping, and independent living skills.

⁴This highly structured program provides 24-hour intensive psychosocial treatment and other supportive mental health services in an overnight group residential setting. The purpose is to prevent inpatient care and to help persons transition from inpatient care.

⁵Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 37a. **(SMI Clients)** Type and amount of service at the CMHCs (FY 2002) (percents total across rows rather than down columns)

Provider	Persons rated SMI	Services to persons rated SMI (SPMI and SED)											
		¹ Clinic Services		² Day Treatment		³ Residential Support		⁴ Residential Treatment		⁵ Inpatient Treatment		Duplicated total of SMI persons receiving services	
	No.	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2
BR	1,493	1,483	99.3	338	22.6	0	0.0	40	2.7	79	5.3	1,940	129.9
CU	778	774	99.5	172	22.1	28	3.6	12	1.5	34	4.4	1,020	131.1
SW	1,793	1,788	99.7	389	21.7	28	1.6	18	1.0	32	1.8	2,255	125.8
NE	527	527	100.0	38	7.2	0	0.0	0	0.0	0	0.0	565	107.2
FC	834	825	98.9	104	12.5	0	0.0	0	0.0	33	4.0	962	115.3
SJ	60	60	100.0	12	20.0	0	0.0	0	0.0	0	0.0	72	120.0
NWF	5,485	5,457	99.5	1,053	19.2	56	1.0	70	1.3	178	3.2	6,814	124.2
WB	2,741	2,726	99.5	350	12.8	56	2.0	114	4.2	171	6.2	3,417	124.7
DV	779	779	100.0	249	32.0	28	3.6	114	14.6	33	4.2	1,203	154.4
VL	10,037	9,977	99.4	2,579	25.7	318	3.2	816	8.1	552	5.5	14,242	141.9
WS	2,899	2,878	99.3	891	30.7	67	2.3	292	10.1	280	9.7	4,408	152.1
WF	16,456	16,360	99.4	4,069	24.7	469	2.9	1,336	8.1	1,036	6.3	23,270	141.4
Centers	21,941	21,817	99.4	5,122	23.3	525	2.4	1,406	6.4	1,214	5.5	30,084	137.1

¹Clinic services is defined in the footnote to Table 5.

²Day treatment is sometimes referred to as partial hospitalization, psychosocial rehabilitation, or skills development. The program runs at least three hours but less than 24 hours per session and provides more structure than outpatient, but less structure than residential support and residential treatment.

³This program provides 24-hour care and support in an overnight group residential setting. Programs are not required to provide 24-hour awake supervision. Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, housekeeping, and independent living skills.

⁴This highly structured program provides 24-hour intensive psychosocial treatment and other supportive mental health services in an overnight group residential setting. The purpose is to prevent inpatient care and to help persons transition from inpatient care.

⁵Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 37b. (Non-SMI Clients) Type and amount of service at the CMHCs (FY 2002) (percents total across rows rather than down columns)

Provider	Non-SMI	Services to persons rated Non-SMI											
		¹ Clinic Services		² Day Treatment		³ Residential Support		⁴ Residential Treatment		⁵ Inpatient Treatment		Duplicated total of SMI	
	No.	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2	No.	% of Col 2
BR	1,195	1,189	99.5	62	5.2	0	0.0	1	0.1	41	3.4	1,293	108.2
CU	1,458	1,413	96.9	182	12.5	7	0.5	2	0.1	15	1.0	1,619	111.0
SW	1,501	1,386	92.3	278	18.5	0	0.0	70	4.7	8	0.5	1,742	116.1
NE	355	355	100.0	8	2.3	0	0.0	0	0.0	0	0.0	363	102.3
FC	1,008	1,005	99.7	37	3.7	0	0.0	0	0.0	13	1.3	1,055	104.7
SJ	444	444	100.0	22	5.0	0	0.0	0	0.0	0	0.0	466	105.0
NWF	5,961	5,792	97.2	589	9.9	7	0.1	73	1.2	77	1.3	6,538	109.7
WB	2,506	2,467	98.4	174	6.9	9	0.4	34	1.4	102	4.1	2,786	111.2
DV	2,308	2,294	99.4	224	9.7	3	0.1	283	12.3	73	3.2	2,877	124.7
VL	6,213	6,186	99.6	522	8.4	45	0.7	311	5.0	169	2.7	7,233	116.4
WS	2,877	2,854	99.2	320	11.1	0	0.0	77	2.7	172	6.0	3,423	119.0
WF	13,904	13,801	99.3	1,240	8.9	57	0.4	705	5.1	516	3.7	16,319	117.4
Centers	19,865	19,593	98.6	1,829	9.2	64	0.3	778	3.9	593	3.0	22,857	115.1

¹Clinic services is defined in the footnote to Table 5.

²Day treatment is sometimes referred to as partial hospitalization, psychosocial rehabilitation, or skills development. The program runs at least three hours but less than 24 hours per session and provides more structure than outpatient, but less structure than residential support and residential treatment.

³This program provides 24-hour care and support in an overnight group residential setting. Programs are not required to provide 24-hour awake supervision. Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, housekeeping, and independent living skills.

⁴This highly structured program provides 24-hour intensive psychosocial treatment and other supportive mental health services in an overnight group residential setting. The purpose is to prevent inpatient care and to help persons transition from inpatient care.

⁵Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 38. Type and amount of services as a percent of State totals (FY 2002)

Provider	All Persons		Services to All Persons									
			Clinic Services		Day Treatment		³ Residential Support		⁴ Residential Treatment		⁵ Inpatient Treatment	
	No.	%	Hours	%	Hours	%	Days	%	Days	%	Days	%
BR	2,714	6.1	32,687	3.7	41,151	2.3	0	0.0	2,575	2.2	712	2.8
CU	2,283	5.2	29,164	3.3	22,492	1.3	5,190	4.4	1,246	1.1	515	2.1
SW	3,303	7.5	97,301	10.9	108,181	6.1	4,343	3.7	7,534	6.6	195	0.8
NE	1,241	2.8	18,190	2.0	130	0.0	0	0.0	0	0.0	0	0.0
FC	2,141	4.8	44,308	5.0	33,698	1.9	0	0.0	0	0.0	2,787	11.1
SJ	713	1.6	14,473	1.6	19,352	1.1	0	0.0	0	0.0	0	0.0
NWF	12,395	28.0	236,123	26.4	225,004	12.7	9,533	8.1	11,355	9.9	4,209	16.8
WB	5,414	12.2	80,586	9.0	181,959	10.3	8,375	7.2	14,976	13.0	3,489	13.9
DV	4,353	9.8	198,145	22.1	99,559	5.6	6,022	5.1	19,242	16.8	750	3.0
VL	16,252	36.7	287,130	32.1	1,020,721	57.7	80,591	68.9	58,720	51.1	13,182	52.7
WS	5,830	13.2	92,978	10.4	242,059	13.7	12,464	10.7	10,542	9.2	3,395	13.6
WF	31,849	72.0	658,839	73.6	1,544,298	87.3	107,452	91.9	103,480	90.1	20,816	83.2
Centers	44,244	100.0	894,962	100.0	1,769,302	100.0	116,985	100.0	114,835	100.0	25,025	100.0

¹Clinic services is defined in the footnote to Table 5.

²Day treatment is sometimes referred to as partial hospitalization, psychosocial rehabilitation, or skills development. The program runs at least three hours but less than 24 hours per session and provides more structure than outpatient, but less structure than residential support and residential treatment.

³This program provides 24-hour care and support in an overnight group residential setting. Programs are not required to provide 24-hour awake supervision. Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, housekeeping, and independent living skills.

⁴This highly structured program provides 24-hour intensive psychosocial treatment and other supportive mental health services in an overnight group residential setting. The purpose is to prevent inpatient care and to help persons transition from inpatient care.

⁵Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 38a. (SMI Clients) Type and amount of services as a percent of State totals (FY 2002)

Provider	Services to persons rated SMI											
	Persons rated SMI		Clinic Services		Day Treatment		³ Residential Support		⁴ Residential Treatment		⁵ Inpatient Treatment	
	No.	%	Hours	%	Hours	%	Days	%	Days	%	Days	%
BR	1,493	6.8	23,819	4.3	40,167	2.6	0	0.0	2,567	3.4	545	2.8
CU	778	3.5	19,129	3.5	19,247	1.3	4,362	4.1	1,047	1.4	330	1.7
SW	1,793	8.2	56,018	10.1	86,761	5.7	4,337	4.1	2,961	3.9	156	0.8
NE	527	2.4	9,442	1.7	48	0.0	0	0.0	0	0.0	0	0.0
FC	834	3.8	18,660	3.4	17,524	1.2	0	0.0	0	0.0	2,153	11.1
SJ	60	0.3	1,814	0.3	3,635	0.2	0	0.0	0	0.0	0	0.0
NWF	5,485	25.0	128,882	23.3	167,382	11.0	8,699	8.3	6,575	8.8	3,184	16.4
WB	2,741	12.5	46,943	8.5	146,374	9.6	7,194	6.8	11,721	15.6	2,613	13.4
DV	779	3.6	94,819	17.1	74,132	4.9	5,234	5.0	4,746	6.3	314	1.6
VL	10,037	45.7	210,621	38.0	904,852	59.6	71,724	68.1	42,036	56.0	10,778	55.4
WS	2,899	13.2	72,321	13.1	225,458	14.9	12,463	11.8	9,957	13.3	2,559	13.2
WF	16,456	75.0	424,704	76.7	1,350,816	89.0	96,615	91.7	68,460	91.2	16,264	83.6
Centers	21,941	100.0	553,586	100.0	1,518,198	100.0	105,314	100.0	75,035	100.0	19,448	100.0

¹Clinic services is defined in the footnote to Table 5.

²Day treatment is sometimes referred to as partial hospitalization, psychosocial rehabilitation, or skills development. The program runs at least three hours but less than 24 hours per session and provides more structure than outpatient, but less structure than residential support and residential treatment.

³This program provides 24-hour care and support in an overnight group residential setting. Programs are not required to provide 24-hour awake supervision. Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, housekeeping, and independent living skills.

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⁵Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 38b. (Non-SMI Clients) Type and amount of services as a percent of State totals (FY 2002)

Provider	Persons not rated SMI		Services to Non-SMI persons									
			Clinic Services		Day Treatment		³ Residential Support		⁴ Residential Treatment		⁵ Inpatient Treatment	
	No.	%	Hours	%	Hours	%	Days	%	Days	%	Days	%
BR	1,195	6.0	8,817	3.0	986	0.4	0	0.0	7	0.0	135	2.8
CU	1,458	7.3	9,949	3.3	3,227	1.4	828	7.1	199	0.5	185	3.8
SW	1,501	7.6	41,268	13.9	21,420	9.5	0	0.0	4,573	11.8	39	0.8
NE	355	1.8	2,757	0.9	16	0.0	0	0.0	0	0.0	0	0.0
FC	1,008	5.1	19,434	6.5	3,005	1.3	0	0.0	0	0.0	241	4.9
SJ	444	2.2	6,070	2.0	9,308	4.1	0	0.0	0	0.0	0	0.0
NWF	5,961	30.0	88,295	29.7	37,962	16.8	828	7.1	4,779	12.3	600	12.3
WB	2,506	12.6	33,382	11.2	35,578	15.7	1,181	10.1	3,253	8.4	677	13.8
DV	2,308	11.6	79,073	26.6	20,084	8.9	788	6.8	13,440	34.7	393	8.0
VL	6,213	31.3	76,503	25.7	115,869	51.2	8,867	76.0	16,684	43.1	2,404	49.2
WS	2,877	14.5	20,393	6.9	16,601	7.3	0	0.0	585	1.5	817	16.7
WF	13,904	70.0	209,351	70.3	188,132	83.2	10,836	92.9	33,962	87.7	4,291	87.7
Centers	19,865	100.0	297,646	100.0	226,094	100.0	11,664	100.0	38,741	100.0	4,891	100.0

¹Clinic services is defined in the footnote to Table 5.

²Day treatment is sometimes referred to as partial hospitalization, psychosocial rehabilitation, or skills development. The program runs at least three hours but less than 24 hours per session and provides more structure than outpatient, but less structure than residential support and residential treatment.

³This program provides 24-hour care and support in an overnight group residential setting. Programs are not required to provide 24-hour awake supervision.

Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, housekeeping, and independent living skills.

⁴This highly structured program provides 24-hour intensive psychosocial treatment and other supportive mental health services in an overnight group residential setting. The purpose is to prevent inpatient care and to help persons transition from inpatient care.

⁵Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 39. (All Clients) Clinic hours for individual/family/other, group, medication management, crisis, intake/assessment/testing, and case management (FY 2002)

Provider	¹ Individual/ family/other		² Group		³ Medication management		⁴ Crisis		⁵ Intake/ assessment/ testing		⁶ Case management	
	Hours	%	Hours	%	Hours	%	Hours	%	Hours	%	Hours	%
BR	18,102	6.5	6,001	1.6	2,452	3.7	1,028	10.8	2,729	4.4	2,374	2.5
CU	15,362	5.5	2,491	0.7	3,021	4.5	907	9.5	3,057	5.0	4,326	4.5
SW	21,280	7.6	59,870	15.7	2,073	3.1	416	4.4	5,167	8.4	8,495	8.8
NE	8,602	3.1	1,053	0.3	2,599	3.9	354	3.7	2,119	3.5	3,463	3.6
FC	9,374	3.3	23,748	6.2	3,417	5.1	360	3.8	1,797	2.9	5,613	5.8
SJ	4,034	1.4	4,440	1.2	1,041	1.6	79	0.8	531	0.9	4,348	4.5
NWF	76,754	27.4	97,603	25.6	14,603	21.9	3,144	33.0	15,400	25.1	28,619	29.8
WB	26,877	9.6	43,075	11.3	2,379	3.6	190	2.0	6,979	11.4	1,085	1.1
DV	36,445	13.0	140,466	36.9	5,494	8.2	1,662	17.5	6,362	10.4	7,715	8.0
VL	105,526	37.6	83,231	21.9	36,064	54.0	3,926	41.2	20,757	33.8	37,625	39.2
WS	34,916	12.4	16,343	4.3	8,257	12.4	601	6.3	11,840	19.3	21,020	21.9
WF	203,764	72.6	283,115	74.4	52,194	78.1	6,379	67.0	45,938	74.9	67,445	70.2
Total	280,518	100.0	380,718	100.0	66,797	100.0	9,523	100.0	61,338	100.0	96,064	100.0

¹Individual - Face-to-face clinical treatment of an individual or collateral

Family - Face-to-face clinical treatment of a group of recipients who are related as family members or spouses, including collaterals, or couples living together as married

Other - Other direct treatment not listed in the definitions for this table

²Group - Face-to-face clinical treatment in the same session of two or more unrelated clients. It may include cases where the group is composed of two or more families, couples, or collaterals.

³Prescription, administration, observation, evaluation, alteration, continuance or termination of a client's neuroleptic or other medication by a physician or nurse practitioner. This also includes services by nurses under the physician's or nurse practitioner's supervision.

⁴Immediate, unscheduled, and short-term service for one or more individuals who have a psychological emergency

⁵Intake - Time spent collecting data for the purpose of screening and admission

Assessment - A clinical evaluation for the purpose of determining history, mental status, diagnosis, and a treatment plan

Testing - A clinical test administered to a client for a diagnostic or treatment purpose. Also included is time spent reporting test feedback to the client or family members.

⁶Case management - A process whereby consumers are helped to acquire the various services they want and need. One or more of the following functions may be included: 1) connecting with consumers in their natural environment; 2) comprehensive service planning with/for a consumer for a wide range of services, entitlements, and public assistance; 3) linking consumers with services and resources; 4) linking family members with services; 5) monitoring service and consumer response to treatment; and 6) advocating for consumer rights.

Table 39a. (Persons rated **Severely Mentally Ill**) Clinic hours for individual/family/other, group, medication management, crisis, intake/assessment/testing, and case management (FY 2002)

Provider	¹ Individual/ family/other		² Group		³ Medication management		⁴ Crisis		⁵ Intake/ assessment/ testing		⁶ Case management	
	Hours	%	Hours	%	Hours	%	Hours	%	Hours	%	Hours	%
BR	13,206	7.1	4,181	2.1	2,024	4.0	799	13.0	1,369	4.2	2,240	2.9
CU	10,356	5.6	941	0.5	2,625	5.2	563	9.2	930	2.9	3,714	4.9
SW	16,475	8.9	26,064	12.9	1,867	3.7	318	5.2	3,092	9.6	8,204	10.8
NE	4,787	2.6	429	0.2	1,432	2.8	146	2.4	1,001	3.1	1,647	2.2
FC	4,587	2.5	9,051	4.5	1,430	2.8	222	3.6	789	2.4	2,581	3.4
SJ	347	0.2	181	0.1	355	0.7	13	0.2	38	0.1	881	1.2
NWF	49,758	26.7	40,847	20.1	9,733	19.3	2,061	33.6	7,219	22.4	19,267	25.4
WB	17,829	9.6	22,281	11.0	1,954	3.9	103	1.7	3,757	11.6	1,019	1.3
DV	10,252	5.5	75,658	37.3	2,910	5.8	601	9.8	1,391	4.3	4,007	5.3
VL	81,812	44.0	51,724	25.5	28,657	56.9	2,953	48.1	13,474	41.8	32,000	42.1
WS	26,371	14.2	12,300	6.1	7,102	14.1	425	6.9	6,425	19.9	19,697	25.9
WF	136,264	73.3	161,963	79.9	40,623	80.7	4,082	66.4	25,047	77.6	56,723	74.6
Total	186,022	100.0	202,810	100.0	50,356	100.0	6,143	100.0	32,266	100.0	75,990	100.0

¹Individual - Face-to-face clinical treatment of an individual or collateral.

Family - Face-to-face clinical treatment of a group of recipients who are related as family members or spouses, including collaterals, or couples living together as married.

Other - Other direct treatment not listed in the definitions for this table.

²Group - Face-to-face clinical treatment in the same session of two or more unrelated clients. It may include cases where the group is composed of two or more families, couples, or collaterals.

³Prescription, administration, observation, evaluation, alteration, continuance or termination of a client's neuroleptic or other medication by a physician or nurse practitioner. This also includes services by nurses under the physician's or nurse practitioner's supervision.

⁴Immediate, unscheduled, and short-term service for one or more individuals who have a psychological emergency

⁵Intake - Time spent collecting data for the purpose of screening and admission

Assessment - A clinical evaluation for the purpose of determining history, mental status, diagnosis, and a treatment plan

Testing - A clinical test administered to a client for a diagnostic or treatment purpose. Also included is time spent reporting test feedback to the client or family members.

⁶Case management - A process whereby consumers are helped to acquire the various services they want and need. One or more of the following functions may be included: 1) connecting with consumers in their natural environment; 2) comprehensive service planning with/for a consumer for a wide range of services, entitlements, and public assistance; 3) linking consumers with services and resources; 4) linking family members with services; 5) monitoring service and consumer response to treatment; and 6) advocating for consumer rights.

Table 39b. (Persons rated **Non-Severely Mentally III**) Clinic hours for individual/family/other, group, medication management, crisis, intake/assessment/testing, and case management (FY 2002)

Provider	¹ Individual/ family/other		² Group		³ Medication management		⁴ Crisis		⁵ Intake/ assessment/ testing		⁶ Case management	
	Hours	%	Hours	%	Hours	%	Hours	%	Hours	%	Hours	%
BR	4,886	5.9	1,796	1.1	427	3.2	225	8.0	1,351	5.2	134	1.0
CU	4,985	6.0	1,550	1.0	396	3.0	340	12.1	2,073	7.9	606	4.6
SW	4,806	5.8	33,804	21.3	206	1.5	95	3.4	2,066	7.9	291	2.2
NE	1,554	1.9	119	0.1	239	1.8	42	1.5	636	2.4	167	1.3
FC	3,781	4.5	13,073	8.2	834	6.3	83	3.0	754	2.9	909	6.9
SJ	2,405	2.9	1,648	1.0	180	1.4	33	1.2	400	1.5	1,405	10.6
NWF	22,417	26.9	51,990	32.7	2,282	17.1	818	29.2	7,280	27.9	3,512	26.5
WB	8,998	10.8	20,767	13.1	424	3.2	84	3.0	3,042	11.6	66	0.5
DV	19,747	23.7	50,494	31.8	2,057	15.4	755	27.0	3,239	12.4	2,781	21.0
VL	23,714	28.5	31,507	19.8	7,406	55.6	973	34.7	7,277	27.8	5,625	42.4
WS	8,463	10.2	4,035	2.5	1,148	8.6	171	6.1	5,295	20.3	1,282	9.7
WF	60,922	73.1	106,803	67.3	11,035	82.9	1,983	70.8	18,853	72.1	9,754	73.5
Total	83,339	100.0	158,793	100.0	13,317	100.0	2,801	100.0	26,133	100.0	13,266	100.0

¹Individual - Face-to-face clinical treatment of an individual or collateral

Family - Face-to-face clinical treatment of a group of recipients who are related as family members or spouses, including collaterals, or couples living together as married

Other - Other direct treatment not listed in the definitions for this table.

²Group - Face-to-face clinical treatment in the same session of two or more unrelated clients. It may include cases where the group is composed of two or more families, couples, or collaterals.

³Prescription, administration, observation, evaluation, alteration, continuance or termination of a client's neuroleptic or other medication by a physician or nurse practitioner. This also includes services by nurses under the physician's or nurse practitioner's supervision.

⁴Immediate, unscheduled, and short-term service for one or more individuals who have a psychological emergency.

⁵Intake - Time spent collecting data for the purpose of screening and admission.

Assessment - A clinical evaluation for the purpose of determining history, mental status, diagnosis, and a treatment plan

Testing - A clinical test administered to a client for a diagnostic or treatment purpose. Also included is time spent reporting test feedback to the client or family members.

⁶Case management - A process whereby consumers are helped to acquire the various services they want and need. One or more of the following functions may be included: 1) connecting with consumers in their natural environment; 2) comprehensive service planning with/for a consumer for a wide range of services, entitlements, and public assistance; 3) linking consumers with services and resources; 4) linking family members with services; 5) monitoring service and consumer response to treatment; and 6) advocating for consumer rights.

Table 40. **(All Clients)** Indicators for combined clinic services by CMHCs (FY2002)

CMHC	All persons served in CMHCs		Persons served in clinics		Clinic contacts		Clinic hours		Avg. contacts per clinic person	Avg. hours per clinic person	Average minutes per contact
	No.	%	No.	%	No.	%	No.	%	No.	No.	No.
BR	2,714	6.1	2,687	6.1	32,187	3.5	32,687	3.7	12.0	12.2	60.9
CU	2,283	5.2	2,231	5.1	36,789	4.1	29,164	3.3	16.5	13.1	47.6
SW	3,303	7.5	3,182	7.3	63,091	7.0	97,301	10.9	19.8	30.6	92.5
NE	1,241	2.8	1,241	2.8	23,227	2.6	18,190	2.0	18.7	14.7	47.0
FC	2,141	4.8	2,127	4.9	43,913	4.8	44,308	5.0	20.6	20.8	60.5
SJ	713	1.6	712	1.6	18,272	2.0	14,473	1.6	25.7	20.3	47.5
NWF	12,395	28.0	12,180	27.8	217,479	24.0	236,123	26.4	17.9	19.4	65.1
WB	5,414	12.2	5,356	12.2	69,004	7.6	80,586	9.0	12.9	15.0	70.1
DV	4,353	9.8	4,331	9.9	132,226	14.6	198,145	22.1	30.5	45.8	89.9
VL	16,252	36.7	16,165	36.9	368,565	40.6	287,130	32.1	22.8	17.8	46.7
WS	5,830	13.2	5,782	13.2	119,762	13.2	92,978	10.4	20.7	16.1	46.6
WF	31,849	72.0	31,634	72.2	689,557	76.0	658,839	73.6	21.8	20.8	57.3
Total	44,244	100.0	43,814	100.0	907,036	100.0	894,962	100.0	20.7	20.4	59.2

Note: Definitions for clinic services appear in Table 5 footnotes.

¹Contacts are equated to visits. A contact may be a visit to a facility or a visit received from staff in the community.

Table 40a. **(SMI Clients)** Indicators for combined clinic services by CMHCs (FY2002)

CMHC	Persons rated SMI served in CMHCs		Persons served in clinics		Clinic contacts		Clinic hours		Avg. contacts per clinic person	Avg. hours per clinic person	Average minutes per contact
	No.	%	No.	%	No.	%	No.	%	No.	No.	No.
BR	1,493	6.8	1,483	6.8	24,043	4.0	23,819	4.3	16.2	16.1	59.4
CU	778	3.5	774	3.5	25,900	4.3	19,129	3.5	33.5	24.7	44.3
SW	1,793	8.2	1,788	8.2	43,774	7.2	56,018	10.1	24.5	31.3	76.8
NE	527	2.4	527	2.4	12,029	2.0	9,442	1.7	22.8	17.9	47.1
FC	834	3.8	825	3.8	19,489	3.2	18,660	3.4	23.6	22.6	57.4
SJ	60	0.3	60	0.3	3,225	0.5	1,814	0.3	53.8	30.2	33.7
NWF	5,485	25.0	5,457	25.0	128,460	21.2	128,882	23.3	23.5	23.6	60.2
WB	2,741	12.5	2,726	12.5	44,382	7.3	46,943	8.5	16.3	17.2	63.5
DV	779	3.6	779	3.6	51,258	8.5	94,819	17.1	65.8	121.7	111.0
VL	10,037	45.7	9,977	45.7	286,044	47.2	210,621	38.0	28.7	21.1	44.2
WS	2,899	13.2	2,878	13.2	95,500	15.8	72,321	13.1	33.2	25.1	45.4
WF	16,456	75.0	16,360	75.0	477,184	78.8	424,704	76.7	29.2	26.0	53.4
Total	21,941	100.0	21,817	100.0	605,644	100.0	553,586	100.0	27.8	25.4	54.8

Note: Definitions for clinic services appear in Table 5 footnotes.

¹Contacts are equated to visits. A contact may be a visit to a facility or a visit received from staff in the community.

Table 40b. (Non-SMI Clients) Indicators for combined clinic services by CMHCs (FY2002)

CMHC	Persons rated non-SMI served by CMHCs		Persons served in clinics		Clinic contacts		Clinic hours		Avg. contacts per clinic person	Avg. hours per clinic person	Average minutes per contact
	No.	%	No.	%	No.	%	No.	%	No.	No.	No.
BR	1,195	6.0	1,189	6.1	8,108	3.2	8,817	3.0	6.8	7.4	65.2
CU	1,458	7.3	1,413	7.2	10,791	4.3	9,949	3.3	7.6	7.0	55.3
SW	1,501	7.6	1,386	7.1	19,307	7.6	41,268	13.9	13.9	29.8	128.2
NE	355	1.8	355	1.8	3,006	1.2	2,757	0.9	8.5	7.8	55.0
FC	1,008	5.1	1,005	5.1	14,697	5.8	19,434	6.5	14.6	19.3	79.3
SJ	444	2.2	444	2.3	6,557	2.6	6,070	2.0	14.8	13.7	55.5
NWF	5,961	30.0	5,792	29.6	62,466	24.6	88,295	29.7	10.8	15.2	84.8
WB	2,506	12.6	2,467	12.6	24,345	9.6	33,382	11.2	9.9	13.5	82.3
DV	2,308	11.6	2,294	11.7	60,506	23.8	79,073	26.6	26.4	34.5	78.4
VL	6,213	31.3	6,186	31.6	82,516	32.5	76,503	25.7	13.3	12.4	55.6
WS	2,877	14.5	2,854	14.6	23,949	9.4	20,393	6.9	8.4	7.1	51.1
WF	13,904	70.0	13,801	70.4	191,316	75.4	209,351	70.3	13.9	15.2	65.7
Total	19,865	100.0	19,593	100.0	253,782	100.0	297,646	100.0	13.0	15.2	70.4

Note: Definitions for clinic services appear in Table 5 footnotes.

¹Contacts are equated to visits. A contact may be a visit to a facility or a visit received from staff in the community.

Table 41. (All Clients)¹Day treatment indicators for adults, youth, and children, CMHCs (FY2002)

CMHC	Non-duplicated CMHC persons served		Non-duplicated persons served: day treatment		Day treatment hours		² Average hours per day treatment person served
	No.	%	No.	%	No.	%	No.
BR	2,714	6.1	401	5.6	41,155	2.3	102.6
CU	2,283	5.2	360	5.0	22,492	1.3	62.5
SW	3,303	7.5	667	9.3	108,181	6.1	162.2
NE	1,241	2.8	62	0.9	130	0.0	2.1
FC	2,141	4.8	192	2.7	33,698	1.9	175.5
SJ	713	1.6	50	0.7	19,352	1.1	387.0
NWF	12,395	28.0	1,732	24.2	225,008	12.7	129.9
WB	5,414	12.2	527	7.4	181,959	10.3	345.3
DV	4,353	9.8	573	8.0	99,559	5.6	173.8
VL	16,252	36.7	3,101	43.4	1,020,721	57.7	329.2
WS	5,830	13.2	1,211	17.0	242,059	13.7	199.9
WF	31,849	72.0	5,412	75.8	1,544,298	87.3	285.3
Total	44,244	100.0	7,144	100.0	1,769,306	100.0	247.7

¹Day treatment is defined as a *program* that operates three hours or more; however, persons would be counted who stayed less than three hours. A day treatment contact might last 6-8 hours in some programs.

²Average refers to mean rather than median.

Table 41a. (Persons rated **Severely Mentally Ill**)¹Day treatment indicators for *adults, youth, and children* , CMHCs (FY2002)

CMHC	SMI non-duplicated persons served CMHC		SMI non-duplicated persons served: day treatment		Day treatment hours		² Average hours per day treatment person served
	No.	%	No.	%	No.	%	No.
BR	1,493	6.8	338	6.6	40,167	2.6	118.8
CU	778	3.5	172	3.4	19,247	1.3	111.9
SW	1,793	8.2	389	7.6	86,761	5.7	223.0
NE	527	2.4	38	0.7	48	0.0	1.3
FC	834	3.8	104	2.0	17,524	1.2	168.5
SJ	60	0.3	12	0.2	3,635	0.2	302.9
NWF	5,485	25.0	1,053	20.6	167,382	11.0	159.0
WB	2,741	12.5	350	6.8	146,374	9.6	418.2
DV	779	3.6	249	4.9	74,132	4.9	297.7
VL	10,037	45.7	2,579	50.4	904,852	59.6	350.9
WS	2,899	13.2	891	17.4	225,458	14.9	253.0
WF	16,456	75.0	4,069	79.4	1,350,816	89.0	332.0
Total	21,941	100.0	5,122	100.0	1,518,198	100.0	296.4

¹Day treatment is defined as a program that operates three hours or more; however, persons would be counted who stayed less than three hours. A day treatment contact might last 6-8 hours in some programs.

²Average refers to mean rather than median.

Table 41b. (Persons rated **Non-Severely Mentally Ill**)¹Day treatment indicators for *adults, youth, and children* , CMHCs (FY2002)

CMHC	Non-SMI non-duplicated persons served: CMHC		Non-SMI non-duplicated persons served: day treatment		Day treatment hours		² Average hours per day treatment person served
	No.	%	No.	%	No.	%	No.
BR	1,195	6.0	62	3.4	986	0.4	15.9
CU	1,458	7.3	182	10.0	3,227	1.4	17.7
SW	1,501	7.6	278	15.2	21,420	9.5	77.1
NE	355	1.8	8	0.4	16	0.0	0.0
FC	1,008	5.1	37	2.0	3,005	1.3	81.2
SJ	444	2.2	22	1.2	9,308	4.1	423.1
NWF	5,961	30.0	589	32.2	37,962	16.8	64.5
WB	2,506	12.6	174	9.5	35,578	15.7	204.5
DV	2,308	11.6	224	12.2	20,084	8.9	89.7
VL	6,213	31.3	522	28.5	115,869	51.2	222.0
WS	2,877	14.5	320	17.5	16,601	7.3	51.9
WF	13,904	70.0	1,240	67.8	188,132	83.2	151.7
Total	19,865	100.0	1,829	100.0	226,094	100.0	123.6

¹Day treatment is defined as a program that operates three hours or more; however, persons would be counted who stayed less than three hours. A day treatment contact might last 6-8 hours in some programs.

²Average refers to mean rather than median.

Table42. (**All Clients**) ¹ Residential support indicators by CMHC (FY 2002)

CMHC	All clients in CMHCs		All clients receiving residential support		All clients receiving residential support days		Avg. residential support days for all clients
	No.	%	No.	%	No.	%	No.
BR	2,714	6.1	0	0.0	0	0.0	0
CU	2,283	5.2	35	5.9	5,190	4.4	148
SW	3,303	7.5	29	4.9	4,343	3.7	150
NE	1,241	2.8	0	0.0	0	0.0	0
FC	2,141	4.8	0	0.0	0	0.0	0
SJ	713	1.6	0	0.0	0	0.0	0
NWF	12,395	28.0	64	10.8	9,533	8.1	149
WB	5,414	12.2	65	11.0	8,375	7.2	129
DV	4,353	9.8	31	5.2	6,022	5.1	194
VL	16,252	36.7	363	61.4	80,591	68.9	222
WS	5,830	13.2	68	11.5	12,464	10.7	183
WF	31,849	72.0	527	89.2	107,452	91.9	204
Total	44,244	100.0	591	100.0	116,985	100.0	198

¹Residential support includes the following essential components: overnight care provided by staff and an emphasis on support and maintenance of current level of functioning. Psycho-social treatment is not provided.

Table 42a. ¹(Persons rated **SMI**) Residential support indicators by CMHC (FY 2002)

CMHC	SMI persons in CMHC		SMI persons in residential support		SMI residential support days		Avg. residential support days per SMI person
	No.	%	No.	%	No.	%	No.
BR	1,493	6.8	0	0.0	0	0.0	0
CU	778	3.5	28	5.3	4,362	4.1	156
SW	1,793	8.2	28	5.3	4,337	4.1	155
NE	527	2.4	0	0.0	0	0.0	0
FC	834	3.8	0	0.0	0	0.0	0
SJ	60	0.3	0	0.0	0	0.0	0
NWF	5,485	25.0	56	10.7	8,699	8.3	155
WB	2,741	12.5	56	10.7	7,194	6.8	128
DV	779	3.6	28	5.3	5,234	5.0	187
VL	10,037	45.7	318	60.6	71,724	68.1	226
WS	2,899	13.2	67	12.8	12,463	11.8	186
WF	16,456	75.0	469	89.3	96,615	91.7	206
Total	21,941	100.0	525	100.0	105,314	100.0	201

Table 42b. ¹(Persons rated **Non-SMI**) Residential support indicators by CMHC (FY 2002)

CMHC	Non-SMI persons in CMHC		Non-SMI persons in residential support		Non-SMI residential support days		Avg. residential support days per SMI person
	No.	%	No.	%	No.	%	No.
BR	1,195	6.0	0	0.0	0	0.0	0
CU	1,458	7.3	7	10.9	828	7.1	118
SW	1,501	7.6	0	0.0	0	0.0	0
NE	355	1.8	0	0.0	0	0.0	0
FC	1,008	5.1	0	0.0	0	0.0	0
SJ	444	2.2	0	0.0	0	0.0	0
NWF	5,961	30.0	7	10.9	828	7.1	118
WB	2,506	12.6	9	14.1	1,181	10.1	131
DV	2,308	11.6	3	4.7	788	6.8	263
VL	6,213	31.3	45	70.3	8,867	76.0	197
WS	2,877	14.5	0	0.0	0	0.0	0
WF	13,904	70.0	57	89.1	10,836	92.9	190
Total	19,865	100.0	64	100.0	11,664	100.0	182

¹Residential support includes the following essential components: overnight care provided by staff and an emphasis on support and maintenance of current level of functioning. Psycho-social treatment is not provided.

Table 43. (**All Clients**) ¹Residential treatment indicators by CMHC (FY 2002)

CMHC	All clients in CMHCs		All clients receiving residential		All clients receiving residential treatment days		Avg. residential treatment days for all clients
	No.	%	No.	%	No.	%	No.
BR	2,714	6.1	42	1.9	2,575	2.2	61
CU	2,283	5.2	14	0.6	1,246	1.1	89
SW	3,303	7.5	88	4.0	7,534	6.6	86
NE	1,241	2.8	0	0.0	0	0.0	0
FC	2,141	4.8	0	0.0	0	0.0	0
SJ	713	1.6	0	0.0	0	0.0	0
NWF	12,395	28.0	144	6.5	11,355	9.9	79
WB	5,414	12.2	149	6.7	14,976	13.0	101
DV	4,353	9.8	438	19.7	19,242	16.8	44
VL	16,252	36.7	1127	50.6	58,720	51.1	52
WS	5,830	13.2	369	16.6	10,542	9.2	29
WF	31,849	72.0	2083	93.5	103,480	90.1	50
Total	44,244	100.0	2227	100.0	114,835	100.0	52

Table 43a. ¹(Persons rated **SMI**) Residential treatment indicators by CMHC (FY 2002)

CMHC	SMI persons in CMHC		SMI persons in residential treatment		Residential treatment bed days: SMI persons		Avg. bed days per SMI person
	No.	%	No.	%	No.	%	No.
BR	1,493	6.8	40	2.8	2,567	3.4	64.2
CU	778	3.5	12	0.9	1,047	1.4	87.3
SW	1,793	8.2	18	1.3	2,961	3.9	164.5
NE	527	2.4	0	0.0	0	0.0	0.0
FC	834	3.8	0	0.0	0	0.0	0.0
SJ	60	0.3	0	0.0	0	0.0	0.0
NWF	5,485	25.0	70	5.0	6,575	8.8	93.9
WB	2,741	12.5	114	8.1	11,721	15.6	102.8
DV	779	3.6	114	8.1	4,746	6.3	41.6
VL	10,037	45.7	816	58.0	42,036	56.0	51.5
WS	2,899	13.2	292	20.8	9,957	13.3	34.1
WF	16,456	75.0	1336	95.0	68,460	91.2	51.2
Total	21,941	100.0	1406	100.0	75,035	100.0	53.4

¹Residential treatment includes the following essential components: overnight care provided by staff and an emphasis on preventing hospitalization. Psycho-social treatment is provided.

Table 43b. ¹(Persons rated **Non-SMI**) Residential treatment indicators by CMHC (FY 2002)

CMHC	Non-SMI persons in CMHCs		Non-SMI persons in residential treatment		Residential treatment bed days: Non-SMI persons		Avg. bed days per SMI person
	No.	%	No.	%	No.	%	No.
BR	1,195	6.0	1	0.1	7	0.0	7.0
CU	1,458	7.3	2	0.3	199	0.5	99.5
SW	1,501	7.6	70	9.0	4,573	11.8	65.3
NE	355	1.8	0	0.0	0	0.0	0.0
FC	1,008	5.1	0	0.0	0	0.0	0.0
SJ	444	2.2	0	0.0	0	0.0	0.0
NWF	5,961	30.0	73	9.4	4,779	12.3	65.5
WB	2,506	12.6	34	4.4	3,253	8.4	95.7
DV	2,308	11.6	283	36.4	13,440	34.7	47.5
VL	6,213	31.3	311	40.0	16,684	43.1	53.6
WS	2,877	14.5	77	9.9	585	1.5	7.6
WF	13,904	70.0	705	90.6	33,962	87.7	48.2
Total	19,865	100.0	778	100.0	38,741	100.0	49.8

¹Residential treatment includes the following essential components: overnight care provided by staff and an emphasis on preventing hospitalization. Psycho-social treatment is provided.

Table 44. (**All Clients**) ¹Inpatient treatment indicators by CMHC (FY 2002)

CMHC	All clients in CMHCs		All clients in inpatient treatment		Inpatient bed days: all clients		Avg. inpatient bed days per inpatient person
	No.	%	No.	%	No.	%	No.
BR	2,714	6.1	130	6.9	712	2.8	5.5
CU	2,283	5.2	49	2.6	515	2.1	10.5
SW	3,303	7.5	40	2.1	195	0.8	0.0
NE	1,241	2.8	0	0.0	0	0.0	0.0
FC	2,141	4.8	52	2.7	2,787	11.1	53.6
SJ	713	1.6	0	0.0	0	0.0	0.0
NWF	12,395	28.0	271	14.3	4,209	16.8	15.5
WB	5,414	12.2	324	17.1	3,489	13.9	10.8
DV	4,353	9.8	122	6.4	750	3.0	6.1
VL	16,252	36.7	721	38.0	13,182	52.7	18.3
WS	5,830	13.2	458	24.2	3,395	13.6	7.4
WF	31,849	72.0	1,625	85.7	20,816	83.2	12.8
Total	44,244	100.0	1,896	100.0	25,025	100.0	13.2

¹Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 44a. ¹(Persons rated **SMI**) Inpatient treatment indicators by CMHC (FY 2002)

CMHC	SMI persons in CMHC		SMI persons in inpatient treatment		SMI Inpatient treatment days		Avg. inpatient bed days per SMI person
	No.	%	No.	%	No.	%	No.
BR	1,493	6.8	79	6.5	545	2.8	6.9
CU	778	3.5	34	2.8	330	1.7	9.7
SW	1,793	8.2	32	2.6	156	0.8	0.0
NE	527	2.4	0	0.0	0	0.0	0.0
FC	834	3.8	33	2.7	2,153	11.1	65.2
SJ	60	0.3	0	0.0	0	0.0	0.0
NWF	5,485	25.0	178	14.7	3,184	16.4	17.9
WB	2,741	12.5	171	14.1	2,613	13.4	15.3
DV	779	3.6	33	2.7	314	1.6	9.5
VL	10,037	45.7	552	45.5	10,778	55.4	19.5
WS	2,899	13.2	280	23.1	2,559	13.2	9.1
WF	16,456	75.0	1,036	85.3	16,264	83.6	15.7
Total	21,941	100.0	1,214	100.0	19,448	100.0	16.0

¹Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.

Table 44b. ¹(Persons rated **Non-SMI**) Inpatient treatment indicators by CMHC (FY 2002)

CMHC	Non-SMI persons in CMHCs		Non-SMI persons in inpatient treatment		Inpatient treatment bed days to non-SMI persons		Avg. inpatient bed days per SMI person
	No.	%	No.	%	No.	%	No.
BR	1,195	6.0	41	6.9	135	2.8	3.3
CU	1,458	7.3	15	2.5	185	3.8	12.3
SW	1,501	7.6	8	1.3	39	0.8	0.0
NE	355	1.8	0	0.0	0	0.0	0.0
FC	1,008	5.1	13	2.2	241	4.9	18.5
SJ	444	2.2	0	0.0	0	0.0	0.0
NWF	5,961	30.0	77	13.0	600	12.3	7.8
WB	2,506	12.6	102	17.2	677	13.8	6.6
DV	2,308	11.6	73	12.3	393	8.0	5.4
VL	6,213	31.3	169	28.5	2,404	49.2	14.2
WS	2,877	14.5	172	29.0	817	16.7	4.8
WF	13,904	70.0	516	87.0	4,291	87.7	8.3
Total	19,865	100.0	593	100.0	4,891	100.0	8.2

¹Inpatient is overnight treatment in a licensed community hospital, which may or may not have a psychiatric unit. The CMHC bears clinical and/or fiscal responsibility for the client.